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National Drug Control Strategy

The White House
March 2004

National Drug Control Strategy

UPDATE

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March 2004

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TO THE CONGRESS OF THE UNITED STATES:

I am transmitting the 2004 National Drug Control Strategy, consistent with the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1705).

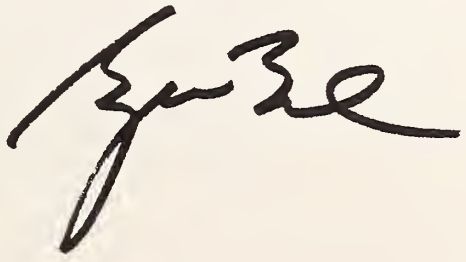
Two years ago, my Administration issued its National Drug Control Strategy setting forth a balanced approach to reducing drug use among teenagers and adults. The Strategy set ambitious two- and five-year performance-based goals: (i) to lower the rate of drug use by 10 percent over two years; and (ii) to lower the rate by 25 percent over five years. The success of the Strategy can be measured by its results.

I am pleased to report that we have exceeded our two-year goal of reducing drug use among young people. The most recent survey shows an 11 percent drop between 2001 and 2003 in the use of illicit drugs by teenagers. Among teens, some drugs -- such as LSD -- have dropped to record low levels of use. For others, we are seeing the lowest levels of use in almost a decade.

Despite this good news, drug addiction continues to challenge far too many Americans. Addiction to drugs destroys ties of trust, family, and friendship, and reduces all the richness of life to a single destructive desire. Almost every American has known someone who has followed the self-destructive path of addiction. Too many Americans want to change a family member's behavior, but are afraid of causing division and, perhaps, estrangement.

Our Strategy proposes a remarkable and unprecedented array of drug control programs, treatment initiatives, and media campaign efforts. But more than any program, it seeks to engage the desire of all Americans to make this a better Nation, facing down the lie of addiction, and offering the hope of recovery.

My Administration will continue to place a high priority on reducing drug addiction in America. I ask for your continued support in this critical endeavor.



THE WHITE HOUSE

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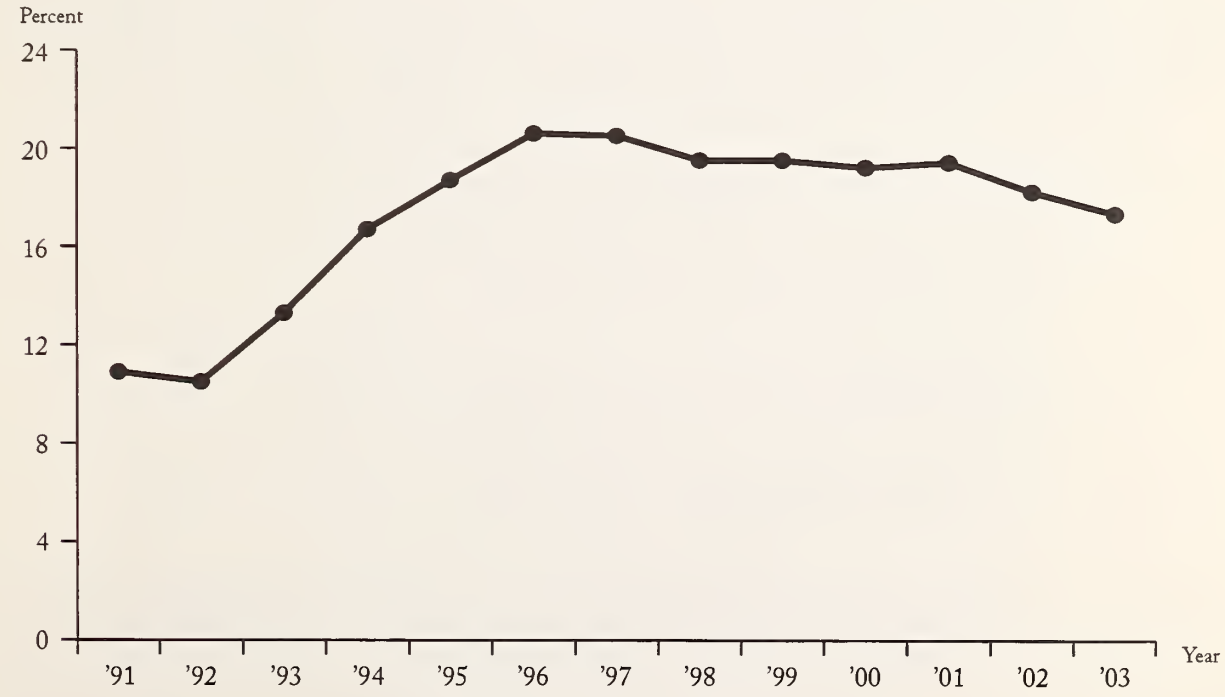
INTRODUCTION

Two years ago, the President's first National Drug Control Strategy reported the unsettling news that for the sixth straight year, more than 50 percent of 12th graders had used an illegal drug at least once by graduation. In his 2002 State of the Union address, the President set a national goal of reducing youth drug use by 10 percent within two years. It was an ambitious goal, and to many it seemed improbable in light of the string of serial increases that preceded it. Yet that goal has been met.

The most recent Monitoring the Future survey of high school students shows an 11 percent drop in the past-month use of illicit drugs between 2001 and 2003 (see Figure 1). Monitoring the Future, which measured behavior at the 8th, 10th, and 12th grades found significant reductions among all three levels.

This finding represents the first decline in drug use across all three grades in more than a decade. Moreover, it is a decline now in its second year. These remarkable survey results apply to nearly all

Figure 1: Past-Month Use of Any Illicit Drug by 8th, 10th, and 12th Graders Combined



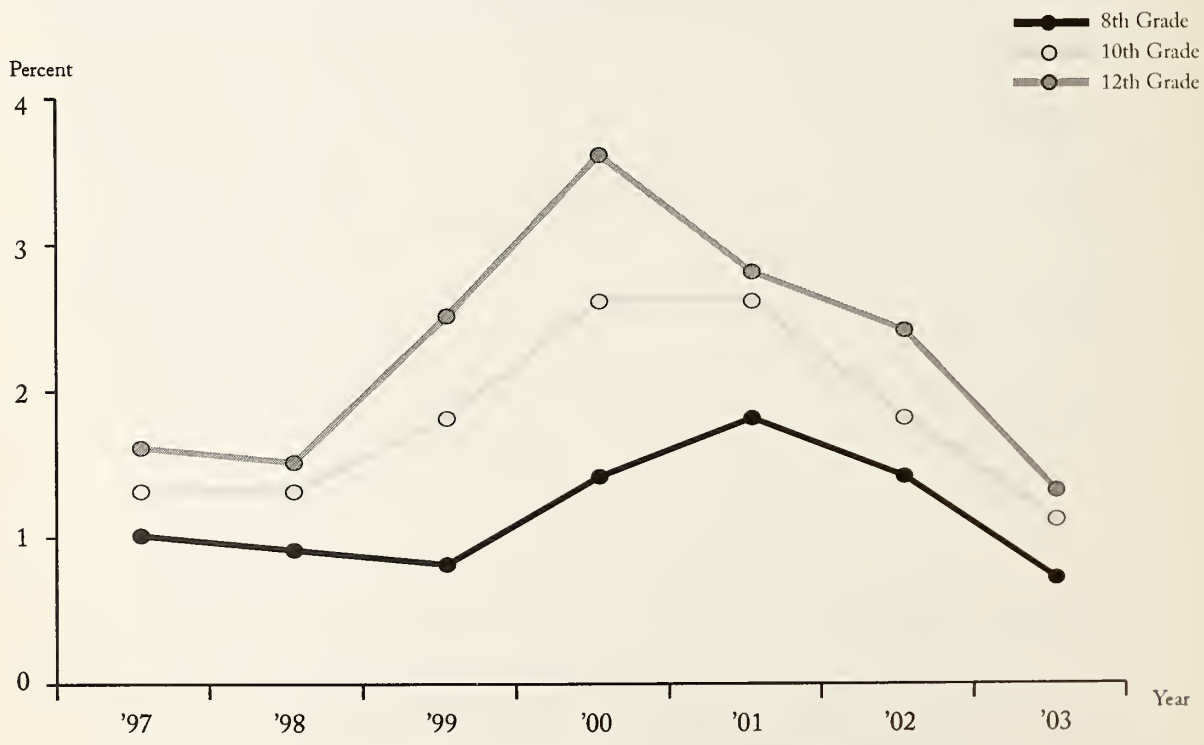
Source: Monitoring the Future, 2003

of the most commonly used substances, but particularly to marijuana and dangerous hallucinogens. Use of the "rave" drug MDMA (Ecstasy) has been cut in half, while LSD use has dropped by nearly two-thirds, to the lowest level measured in nearly three decades.

These findings confirm the wisdom of a balanced strategy, with appropriate emphasis on treatment, prevention, and enforcement. The decline in LSD use, for instance—after a period of rapid growth during the 1990s followed a law enforcement-led disruption of U.S. supply. Declines in Ecstasy use are the result of successful prevention efforts, as the understanding of the harm caused by this drug has increased over the past two years. Finally, individuals striving to overcome their drug use often need the assistance of a drug treatment program, and we are working to make such treatment more available.

The decrease in youth drug use means that 400,000 fewer young people are using drugs today than in 2001. Less drug use means better school performance, stronger families, and fewer young people lost to a life of addiction and degradation. Fewer users mean that kids are safer and their families are more secure. When we push drug use down, we not only save lives and improve communities, we make an investment that pays dividends for years to come, because the likelihood that young people will ever use drugs plummets dramatically if they do not start using during their school years.

Figure 2: Past-Month Use of MDMA (Ecstasy), by Grade



Source: Monitoring the Future, 2003

Among the Monitoring the Future survey's findings:

- *Any illicit drug*: Use of any illicit drug in the past 30 days ("current" use) among students declined 11 percent, from 19.4 to 17.3 percent. Similar trends were seen for past-year use (down 11 percent) and lifetime use (down 9 percent).

- *Marijuana*: Use of marijuana—the illicit drug most commonly used among youth, the drug principally responsible for dependence among young people, and the drug of primary interest to the National Youth Anti-Drug Media Campaign—also declined significantly. Past-year and current use both declined 11 percent; lifetime use declined 8.2 percent.

- *Ecstasy and LSD*: The use of the hallucinogens LSD and Ecstasy among youth has plummeted. Lifetime use of LSD fell 43 percent, to 3.7 percent, and past-year and current use both dropped nearly two-thirds. Past-year and current use of Ecstasy were both cut in half.

- *Inhalants*: Lifetime and past-year use of inhalants declined 12 and 11 percent, respectively. Past-year use of inhalants among 8th graders was up 14 percent between 2002 and 2003—the only increase reported by Monitoring the Future during that period.

- *Amphetamines*: Use of amphetamines, including methamphetamine, dropped 17 percent for both past-year and current use.

- *Alcohol*: The use of alcohol, the most commonly used intoxicant among youth, also declined, with past-year and current use both declining 7 percent. Reports of having "been drunk" declined 11 percent in each of the three prevalence categories.

NATIONAL DRUG CONTROL STRATEGY GOALS

Two-Year Goals:	A 10 percent reduction in current use of illegal drugs by 8th, 10th, and 12th graders.
	A 10 percent reduction in current use of illegal drugs by adults age 18 and older.
Five-Year Goals:	A 25 percent reduction in current use of illegal drugs by 8th, 10th, and 12th graders.
	A 25 percent reduction in current use of illegal drugs by adults age 18 and older.

Progress toward youth goals will be measured from the baseline established by the Monitoring the Future survey for the 2000–2001 school year. Progress toward adult goals will be measured from the baseline of the 2002 National Survey on Drug Use and Health. All Strategy goals seek to reduce current use of any illicit drug. (Use of alcohol and tobacco products, although illegal for youths, is not captured under "any illegal drug.")

- *Impact of Anti-Drug Advertising*: Exposure to anti-drug advertising (of which the Media Campaign is the major contributor) has had an impact on improving youth anti-drug attitudes and intentions. Youth in all three grades surveyed (8th, 10th, and 12th) say that such ads have made their attitudes less favorable toward drugs to a "great extent" or "very great extent," and made them less likely to use drugs in the future.

These gains are a new foundation for saving more lives. The difference we are now making will be felt in the life of each young person not victimized by drugs, and in the families and communities in which they live. When our Nation pushes back against illegal drugs, the problem recedes.

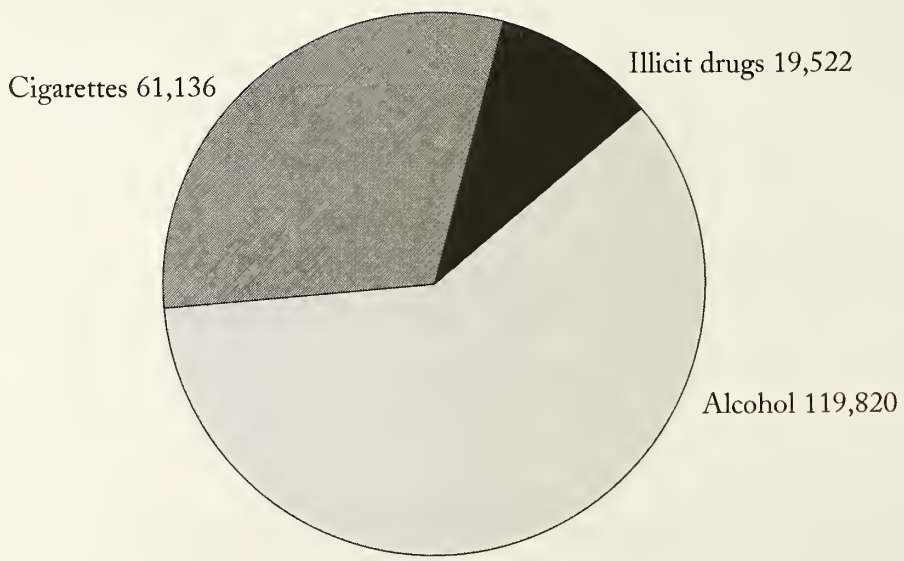
Moreover, when fewer Americans use drugs, international drug traffickers are denied profits and power. Our international partners recognize that the United States is doing its part to drive down demand. Our allies in Latin America have shown genuine leadership in this fight. President Uribe in Colombia and President Fox in Mexico both fight drug trafficking because they understand that no country is free when it suffers from the corruption and terror the drug trade fosters.

Counseling Despair

The findings are more than just good news for American families; they counter the arguments of defeatists that an engaged public cannot make a difference in the fight to protect our youth.

Figure 3: Treating Drugs Like Alcohol and Cigarettes?

Current Users by Substance (in thousands)



Those who would legalize the use of illicit drugs tend to fall back on familiar arguments, perhaps the most common of which is that we should treat illegal drugs "like we treat alcohol or cigarettes." They neglect to point out that there are 120 million regular drinkers in the United States and some 61 million smokers (see Figure 3). The comparable figure for illegal drugs is about 20 million—a large number to be sure, but far smaller than would be the case if drugs were legal.

Although sometimes acknowledging that illicit drug use would probably rise if drugs were legalized, critics of our current, balanced drug policy also neglect to note that the greatest suffering, the greatest impact of cheap, legal drugs would be felt by the young and the poor. An especially vulnerable group is people with co-occurring mental disorders, since drug users are more likely to develop mental problems, while individuals with mental disorders are more likely to use illegal drugs than the population at large.

Some argue that the Federal Government is spending vast sums on drug interdiction and enforcement while drug treatment and education programs receive pennies on the dollar. A corollary myth holds that the goal of drug control policy is to "arrest our way" out of the drug problem, filling America's prisons with masses of low-level drug offenders.

As the Strategy lays out in more detail, the President's drug control budget request for fiscal year 2005 proposes to spend 45 percent of the drug control budget on drug treatment and prevention, including new funding in support of the President's commitment to increase spending

Current Users Who are Dependent (in thousands)

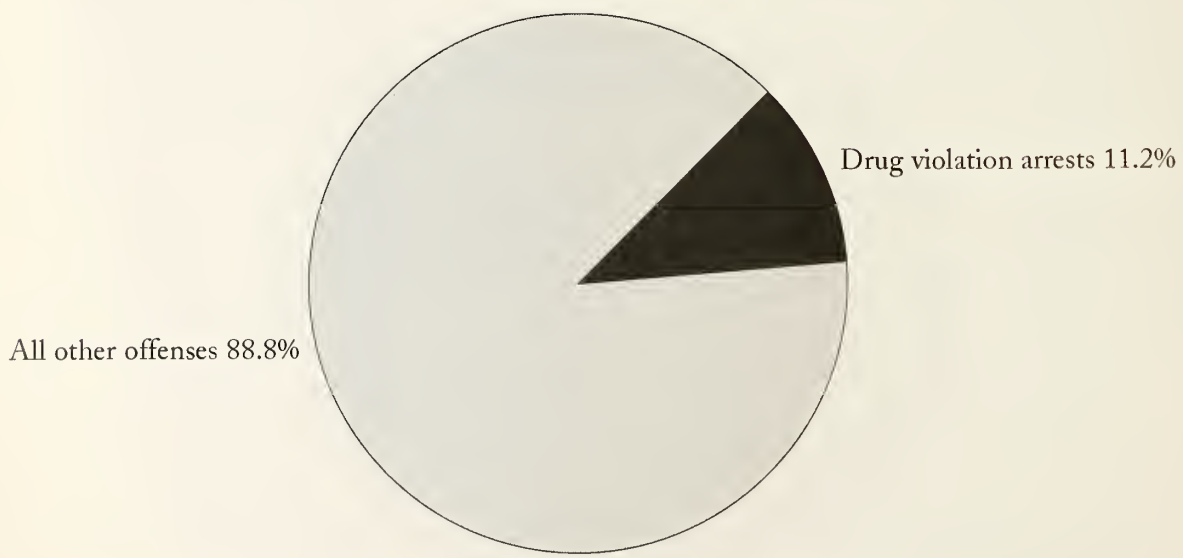
*Dependence on cigarettes is based on daily use. Source: National Survey on Drug Use and Health, 2002

on drug treatment (the fiscal year 2005 treatment request is $2.3 billion, a 6 percent increase over 2004). The Budget apportions the remaining 55 percent among law enforcement budgets, international programs, drug-related intelligence spending, and interdiction activities.

We are a long way from seeking to "arrest our way" out of the drug problem. Only a small percentage of drug arrestees are ever sent to prison, and the vast majority of those behind bars for drug offenses are guilty of substantial trafficking, not possession. Indeed, one of the more promising trends in the criminal justice system is the creation of drug courts, which refer those in need of treatment not to incarceration but to genuine help, and which offer hundreds of thousands of arrestees the prospect of zero prison time, provided they attend counseling and drug treatment sessions. The fiscal year 2005 budget supports this policy innovation with an increase of $32 million for drug courts.

According to the U.S. Sentencing Commission, the median quantity involved in federal cocaine-trafficking cases is 3,016 grams for powder and 62 grams for crack cocaine—more than 600 "rocks" of crack. The relevant figures for heroin and marijuana are 649 and 58,060 grams, respectively—enough, in either case, for tens of thousands of doses. The additional claim that law enforcement agencies are focused on locking up individuals for possession of, as opposed to trafficking in, illegal drugs is likewise inaccurate. In fiscal year 2001, the most recent year for which there is data, out of 24,299 Federal drug cases, there were just 384 federal possession convictions for cocaine, marijuana, and heroin combined.

Figure 4: Drug Violation Arrests Accounted for 11 Percent of All Arrests in 2002



Source: Federal Bureau of Investigation

Legalization proponents dismiss such facts, even as they minimize the harm drug users inflict on themselves, and on family and community. They focus instead on the supposed harm inflicted on the individual and community by the government, particularly law enforcement. Yet the cost of drug use overwhelmingly falls not simply on the drug user—although users certainly pay a high price—but also on spouses, parents, society, and taxpayers.

We invite the skeptics to attend a few meetings of a local Al-Anon chapter and listen to what families in their own communities are going through on a daily basis. They should listen closely to what has helped these families' drug-using loved ones start to get well. As psychiatrist Robert DuPont notes, "They are unlikely to hear that the answer was more drugs in their neighborhoods."

The President's Management Agenda: Budgeting for Results

The budget volume that accompanies this National Drug Control Strategy presents performance information for each of the drug control programs. As part of this Administration's effort to integrate budget and performance, the new drug budget, first presented last year in the National Drug Control Strategy, not only ties to identifiable line items in the President's Budget but also includes key performance information for each program. The performance information presented here was used by the Administration to formulate the fiscal year 2005 budget.

Building on agency efforts under the Government Performance and Results Act, and working with the Office of Management and Budget in implementing its Program Assessment Rating Tool (PART), the Office of National Drug Control Policy has made data on program performance central to budget decisionmaking. In the President's fiscal year 2004 budget, programs comprising about one-third of the drug budget were assessed. With new assessments conducted for the fiscal year 2005 budget and updates of prior assessments, 45 percent of the drug budget was assessed.

The goals of the National Drug Control Strategy and its three national priorities—Stopping Use Before It Starts, Healing America's Drug Users, and Disrupting the Market—drive the budgeting process. Each program's effectiveness in contributing to the accomplishment of those goals helps determine its resource level. Demonstrably effective programs receive continued support. Ineffective programs and programs for which results have not been demonstrated have action plans for improvement and, in some cases, reduced resource levels.

By integrating program goals and effectiveness information into the National Drug Control Strategy, the Administration has laid the foundation for increased accountability for Federal funds and enhanced program performance.

National Drug Control Strategy:
NATIONAL PRIORITIES

BUDGET HIGHLIGHTS

- **Education—Student Drug Testing: up $23 million.** The budget proposes $25 million for student drug testing programs. This initiative will provide competitive grants to support schools in the design and implementation of school-based drug testing, assessment, referral, and intervention programs.

    - During fiscal year 2003, several schools sought funding for the design and support of their own student drug testing programs. The President's Budget expands this program in fiscal year 2005.

- **ONDCP—National Youth Anti-Drug Media Campaign: $145 million.** The President's fiscal year 2005 Budget continues funding for ONDCP's media campaign, an integrated effort that combines paid and donated advertising with public communications outreach. Anti-drug messages conveyed in advertising are supported by Web sites, clearinghouses, media events, outreach to the entertainment industry, and strategic partnerships that enable messages to resonate in ways that generate awareness and ultimately change teen beliefs and intentions toward drug use. In 2005, the media campaign will expand its strategy to include information for teens and parents to promote early intervention against drug use.

- **ONDCP—Drug-Free Communities Program: up $10.4 million.** Building on the success of this program, these additional resources will fund approximately 100 new local community anti-drug coalitions working to prevent substance abuse among young people. This program provides matching grant monies, with priority given to coalitions serving economically disadvantaged areas.

    - The President's Budget recommends increasing funding to $80 million in fiscal year 2005, with up to 5 percent of available grant funds provided to selected "mentor coalitions" that will help develop new community anti-drug coalitions in areas that do not currently have them.

Stopping Use Before It Starts: Education and Community Action

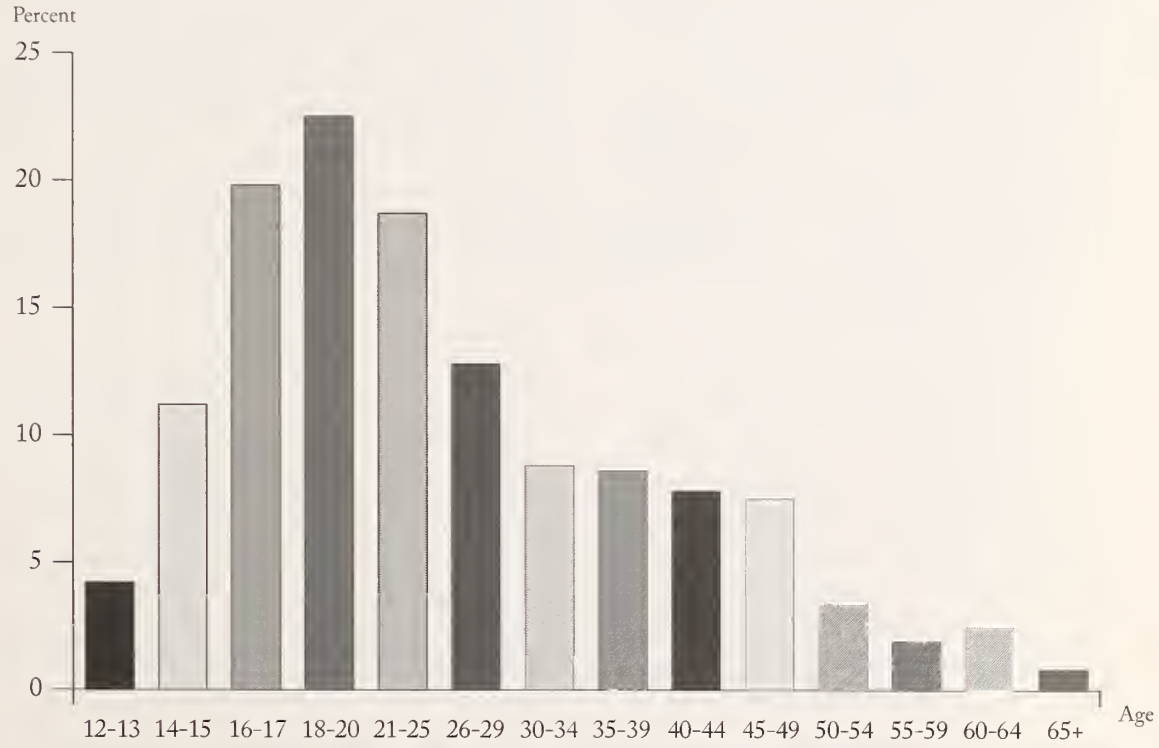
In a scene that has become a staple of television dramas, the neighborhood "pusher" frequents local playgrounds offering free drugs to entice first-time users. Such people exist, but they are not the norm. Successful drug dealers are more circumspect; their livelihood depends on it. They are not known for giving out samples.

The pressure young people face to use drugs is more accurately portrayed as a general compulsion to fit in, the type of pressure teens face every day. Debunking the mistaken view that "everyone" is using drugs is a key goal of the National Youth Anti-Drug Media Campaign, which has contributed to the remarkable decline in drug use over the past two years.

But far too many young people find that their first experience with illegal drugs happens through contact with one person—not a pusher,

Figure 5: Drug Use Starts With Young People

Past-Month Illicit Drug Use by Age



Source: National Survey of Drug Use and Health, 2002

not even a peer group, but a single friend. This pressure to use drugs can take on a surprisingly earnest form. A young person exposed to the pleasures of a new drug—or seeking to normalize his own drug-using behavior—may pressure peers to join in the fun or face eventual expulsion from the group.

Youth in the early teen years may face few challenges greater than choosing between a friend and drug use. From the public health perspective that informs this Strategy, this type of friend is a vector of contagion. And all too often, the illegal drug use he proposes to his peers will lead to the pediatric onset disease of addiction.

INTERVENING EARLY: MIAMI-DADE COUNTY'S JUVENILE ASSESSMENT CENTER

Juvenile arrestees pose an unusual challenge to state criminal justice systems, requiring segregated facilities and a host of specialized services, including drug treatment. Florida's Miami-Dade County takes a different approach, one that works well with the brief intervention approach discussed in more detail in the next chapter. In Miami-Dade, all juvenile arrestees are sent to a central facility, the Juvenile Assessment Center (JAC), which brings together specialists from law enforcement and social services to provide coordinated services to youth as they enter the juvenile justice system.

"We brought all the agencies that deal with arrested children to the JAC," says Wansley Walters, the center's director. "We have staff to do everything from arrest processing to treatment referrals. We have staff from the Dade County school system here to check school records and notify the school that a child has been arrested. The State Attorney's office is represented so that they can meet with the arresting officer and interview the young person." In all, the formerly bureaucratic process of arresting a juvenile has been shortened from four weeks to less than a day.

All arrestees receive an assessment of some type. "At the root of many of these kids' behavior is a drug problem," says Walters. "Unfortunately, a lot of kids move through the system without having their drug use connected to their behavior problems."

Through careful screening, the JAC staff are able to tailor their interventions accordingly. "One child may need a lengthy residential treatment," says Walters. "You may have a child who needs no more than counseling and a realistic discussion about the risks of what he's doing. Frankly, some children just need some attention—and that may be all [it takes] to modify their behavior."

Research into youth motivations for using drugs confirms the crucial importance of peers, particularly close friends, in fostering a climate tolerant of drug use. Just as young people who use drugs are much more likely to continue their drug use into adulthood, the available research is unequivocal that people who make it through their teenage years without using drugs are much less likely to start using later in life.

Keeping teens from taking that first, risky step is central to the success of our Strategy. Yet despite parents' best efforts to keep their kids drug-free, every day approximately 4,800 American youth under age 18 try marijuana for the first time—a number roughly equal to the enrollment of six average-size high schools.

Following up with brief interventions for young people who do try illegal drugs (or alcohol) is critical. This Strategy highlights the importance of student drug testing, a prevention approach that accomplishes both goals: deterring drug use while guiding users to needed treatment or counseling.

Student drug testing is a remarkable grassroots tool that the Federal Government is moving aggressively to support with research funding as well as support for program design and implementation. The fiscal year 2005 budget requests $25 million for student drug testing programs. Eight demonstration grants have already been awarded with prior-year funding, to expand existing programs and evaluate the effectiveness of others.

Student drug testing programs advance the Strategy's goal of intervening early in the young person's drug career, using research-based prevention approaches to guide users into counseling or drug treatment, and deterring others from starting in the first place. The purpose of random testing is not to catch, punish, or expose students who use drugs but to prevent drug dependence and to help drug-dependent students become drug-free in a confidential manner. Effective testing programs include clear-cut consequences for students who use illegal drugs, such as suspension from an athletic activity, until the student has completed counseling.

Figure 6: Drug Use Initiation Is Highest Among Young People

Initiation Among Those Under 18 in 2001

Marijuana	1,741,000
Cocaine	353,000
Hallucinogens	757,000
Ecstasy	590,000
Pain relievers	1,124,000

Source: National Survey of Drug Use and Health, 2002

Student drug testing programs work. According to a study published in the Journal of Adolescent Health, a school in Oregon that tested student athletes for drugs had a rate of use that was one-quarter that of a comparable school with no drug testing policy. After two years of a drug testing program, Hunterdon Central Regional High School in New Jersey saw significant reductions in 20 of 28 drug use categories, with cocaine use by seniors dropping from 13 to 4 percent (see box). A study from Ball State University showed that 73 percent of high school principals reported a reduction in drug use among students subject to drug testing policies, with just 2 percent reporting an increase.

Our Nation needs more of the sort of community and parental involvement that embraced Hunterdon's school drug testing program and made it a success. Americans serve their communities in countless ways—in our most drug-ridden communities, groups of citizens are stepping forward to serve their neighbors, banding together to fight back against the drug trade and the social consequences left in its wake. They are doing it with techniques

STUDENT DRUG TESTING AT HUNTERDON CENTRAL REGIONAL HIGH SCHOOL

Lisa Brady, principal of Hunterdon Central Regional High School, remembers 1997 as if it were yesterday.

The Flemington, New Jersey, school's periodic surveys had detected a spike in drug use among the student body, prompting the school board to launch a random testing program for student athletes. "Our school board president at the time was an Olympic track athlete," says Brady. "He was extremely familiar with the benefits of drug testing."

The psychology behind student drug testing programs is straightforward. They give kids an "out," Brady says. "Kids will tell you that the program gives them a reason to say no. They're just kids, after all; they need a crutch. Being able to say, 'I'm a cheerleader,' 'I'm in the band,' 'I'm a football player,' and 'My school drug tests'—it really gives them some tools to be able to say no."

When a student turns up a positive drug test (Hunterdon administers about 200 random tests per year), the student and parents meet privately with a counselor. An intervention is agreed to—typically, brief counseling sessions followed by classes emphasizing decision-making skills. "After that they have to submit a drug screen," says Brady. "Then they return to their activity, safer and smarter as a result of their counseling. The program is designed to be confidential. No records are kept."

A lawsuit filed by the ACLU on behalf of three students eventually forced the suspension of testing, but by this time the

as varied as videotaping dealers in open-air drug markets, working with zoning officials to condemn crack houses and close down drug paraphernalia stores, and forging alliances between treatment and law enforcement. And they are succeeding, often surprising even themselves (see box on pages 16 and 17). When these Americans get involved in their communities, our whole Nation benefits.

The drug Strategy works best when Americans work together. As discussed more fully in the next chapter, this means making the unpleasant and seemingly thankless decision to intervene with a family member or friend who is using drugs. Last month, the National Youth Anti-Drug Media Campaign launched an early intervention initiative to help parents recognize the signs of early use and encourage them to take action before use creates problems and leads to addiction, offering information and suggested approaches for discussing the subject with their children.

This campaign also targets peers of teens who have just started to use drugs and alcohol,

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program had been enlarged to include students involved in other extracurricular activities. More important, testing had been going on long enough for the school to measure the program's effects. What they found was remarkable: significant reductions in drug use—school wide. And although only certain categories of students were tested, the program had been affecting the student body as a whole, identifying drug use early and buffering the peer pressure that encourages teens to use drugs.

Brady was understandably frustrated at having to put the program on hold. "Here I'm holding data in my hands that shows that this program clearly was effective in reducing drug use among my students," says Brady, "but I was not able to implement the program. I was pretty upset."

She continues, "We have never seen a prevention curriculum that affected the numbers this substantially. It seemed that finally we had a tool that was making a large difference. And yet we're hemming and hawing about whether to use it." The school eventually prevailed, but not before litigating all the way to the New Jersey Supreme Court. Today, the program is back in full operation.

Although the program is overwhelmingly supported by Hunterdon parents, Brady is surprised how often the parent, not the student, questions the test results. "The kid will come in and say, 'I was at a party this weekend, and my drug screen is going to be dirty,' says Brady. "Then the parent tries to get the kid out of the situation. Sometimes the parent is just used to bailing the kids out of everything. A lot of parents are in denial, and sometimes," she adds, "it takes a drug test to make kids and parents overcome that denial."

which is illegal in all 50 states for people under age 21, and includes television, radio, and print ads as well as workplace outreach and other efforts. The campaign takes direct aim at parents' understandable but misplaced fear that they will push their children away by talking to them about drug use.

Children also learn by example. Athletics play an important role in our society, but, unfortunately, some in professional sports are not setting much of an example. The use of performance-enhancing drugs such as steroids in baseball, football, and other sports is dangerous, and it sends the wrong message—that there are shortcuts to accomplishment, and that performance is more important than character.

America's team owners, union representatives, coaches, and players must work together to end the use of performance-enhancing drugs. Use by even a small number of elite

FIGHTING BACK IN OREGON

Nobody told Shirley Morgan she couldn't do it.

In the beautiful rural area east of Portland, in the shadow of Mount Hood, drug dealers were taking advantage of the area's abundance of seasonally occupied vacation homes to cook methamphetamine, some of which they sold locally. Marijuana "grows" abounded.

Then, somebody broke into Morgan's house. "It wasn't until my home was burglarized that I asked myself how I had missed all the signs that the drug trade was here," says Morgan, founder of the Mount Hood Coalition Against Drug Crime. "All of a sudden we had cars speeding along what had been quiet mountain roads. We had people cooking meth in their house, dumping the chemicals into the yard, and contaminating the water supply."

Morgan, a marketing and advertising consultant, gathered business, civic, and faith leaders, and her neighbors. Together, they reached the bold conclusion that with some help from law enforcement, they could drive off the drug dealers and meth cookers in their midst. "At any given time," says Morgan "we have one police officer patrolling a 35-mile-long strip. The police just can't be everywhere. So we, the residents of the Mount Hood corridor, formed a volunteer coalition against drug crime in our community."

Members of the coalition collect intelligence such as digital photos of suspicious vehicles and license plate numbers and pass it to law enforcement, often using email. Their Web site, www.hadit.org (the residents had "had it"), lists outstanding arrest warrants and photographs of criminals known to be active in the area. The coalition also

athletes sets a dangerous example for the millions of young Americans, encouraging young people to take dangerous risks with their health and safety. Ending the use of steroids will require sports leagues and athletes to implement stringent drug policies to set a healthier and more positive example for America's young people. These policies will also protect the integrity of their sports and ensure the health and well-being of athletes.

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educates property owners about the long-term effects of drug manufacturing in their rental properties (a single meth cook can turn a split-level ranch house with a view into a hazardous materials site).

The coalition works. In a lesson that has been learned time and again by community groups and Orange Hat citizen patrols in some of America's most crime-ridden inner cities, dealers respond to unwanted attention by taking their business elsewhere. Morgan counts six people who were involved with the drug trade who picked up and moved. Another five had their homes repossessed, and several others just went back to their day jobs.

"People ask me, 'Aren't you afraid of retaliation?' I say, 'They're already retaliating, burglarizing our homes, and abusing the environment.'"

Some of her neighbors have sought drug treatment, and Morgan, with the help of a local church ministry, is happy to help place them, with a strong dose of community involvement. "One of the guys in the program, who used meth, marijuana, and alcohol said, 'I can't do this anymore. Every time I turn around, somebody's looking.'"

Morgan, who is active in the Foursquare Church, works with more than 50 neighbors from all types of backgrounds, but she is happy to explain her pluck and dedication in the context of her Christian faith. "It's sort of a calling—you don't want to go somewhere but you go anyway," says Morgan. "It's like the Samaritan story. You find drugs on your street, and you ask yourself, 'Can I look the other way?' I was challenged by my faith to do something."

In addition to radically changing the climate in the Mount Hood region, Morgan is poised to take her lessons on the road: the coalition recently received a mentoring grant to train and improve the effectiveness of other coalitions in the Pacific Northwest.

BUDGET HIGHLIGHTS

- **Substance Abuse and Mental Health Services Administration (SAMHSA)—Access to Recovery: up $100.6 million.** The President has committed to expand the drug treatment system over five years, including through the Access to Recovery initiative (ATR). The fiscal year 2005 budget proposes $200 million for ATR, an increase of $100.6 million over the 2004 enacted level.
    - This initiative will provide people seeking clinical treatment or recovery services with vouchers to pay for the care they need. Vouchers may be redeemed for services at eligible organizations, including those that are faith based, and will allow more flexible delivery of services to individuals based on their treatment need.
- **Office of Justice Programs—Drug Courts Program: up $32 million.** The Administration recommends a funding level of $70.1 million for the drug courts program in fiscal year 2005. This represents an increase of $32 million over the 2004 enacted level. This enhancement will increase the scope and quality of drug court services with the goal of improving retention in, and successful completion of, drug court programs. Funding also is included to generate drug court program outcome data.
    - The drug courts program provides alternatives to incarceration, using the coercive power of the court to force abstinence and alter behavior by drug-dependent defendants with a combination of clear expectations, escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.
- **National Institute on Drug Abuse (NIDA): up $28.3 million.** This increase will ensure NIDA's continuing commitment to key research efforts, including basic research on the nature of addiction, development of science-based behavioral interventions, medications development, and the rapid translation of research findings into practice.
    - NIDA's efforts include: the National Prevention Research Initiative, Interventions and Treatment for Current Drug Users Who Are Not Yet Addicted, the National Drug Abuse Treatment Clinical Trials Network, and Research Based Treatment Approaches for Drug Abusing Criminal Offenders.

Healing America's Drug Users: Getting Treatment Resources Where They Are Needed

The Strategy uses the public health model as a way to understand the epidemiology of drug use and control its spread. The public health model is the only understanding of addiction that can explain why people continue to use drugs when the consequences are a devastating disease of the brain and a terrible loss of human potential.

Conventional wisdom on the topic suggests that young adults use drugs because they think they are invincible. Adults, presumably wiser but also self-destructive or simply optimistic, are thought to recognize the dangers but use drugs anyway. They watch an addict and tell themselves that things will be different for them.

But the conventional wisdom only explains so much. Why, for instance, do people initiate the use of methamphetamine—a drug that can cause a complete unraveling of home life, work, and social connections in a matter of months?

The public health model suggests a deeper explanation, one touched upon in the previous chapter's discussion of prevention and the role of newly drug-using teens in proselytizing their peers to join in the fun, and seeking to normalize their own drug using behavior. Simply put, many people use drugs because they know someone who is using and not suffering any apparent consequences. The disease of drug dependence spreads because the vectors of contagion are "asymptomatic" users who do not yet show the consequences of their drug habit, and who do not have the slightest awareness of their need to seek help.

It is especially important to intervene with users during this "honeymoon" phase. A new approach suggests a way ahead, using the existing medical infrastructure—which already has extensive experience in identifying problem drinkers—to screen for drug use and offer appropriate and often brief interventions. The Department of Health and Human Services has awarded seven grants in the past year to advance our understanding of screening and brief intervention in treatment. In Chicago, for example, Cook County Hospital emergency room staff as well as doctors and nurses in other areas of the hospital will be trained to detect the signs of developing drug use and direct users into treatment.

Expanding Access to Recovery

Screening and brief interventions hold promise for cutting short the drug problems of millions of Americans. Yet 20 million Americans are past-month, or current, users of at least one illegal drug, and seven million Americans need drug treatment, according to diagnostic criteria developed by the American Psychiatric Association.

More than one million Americans receive treatment each year and start on the road to recovery. In recent years, however, an average of 100,000 of those who seek treatment each year

have not been able to receive it. They have an immediate need, and we have launched a new program to address it—Access to Recovery. Begun in fiscal year 2004, with an additional $100 million requested in fiscal year 2005, the program will expand access to clinical substance abuse treatment, including recovery support services, while encouraging accountability in the treatment delivery system.

The program will work as follows: Those without the means to pay for treatment will be assessed and issued a voucher for the cost of treatment or recovery services as appropriate.

Recognizing that there are many routes to recovery, this initiative envisions a pathway to help that is direct and open on a nondiscriminatory basis to all, including services provided by faith-based organizations. For many Americans, the transforming powers of faith are crucial resources in overcoming dependency, and this new program will work to ensure that treatment vouchers are available to the programs that work the best, including those that are faith-based (see box below).

From Waiting to Denial

Most policy analyses of drug treatment begin and end with a discussion of waiting lists. Although such lists are a staple of journalistic accounts of the drug treatment system, even the roughly 100,000 individuals seeking but unable to obtain treatment represent a tiny fraction—perhaps one in 70—of the number in need of help. The real problem is that a much larger number of Americans—some six million—are dependent on an illicit drug and

KEY ELEMENTS OF ACCESS TO RECOVERY:

- *Flexibility.* With a voucher, people in need of treatment or recovery support services will have the freedom to select the programs and providers that will help them most—including programs run by faith-based organizations.
- *Results Oriented.* Grantee institutions will be asked to develop systems to provide an incentive for positive outcomes.
- *Increased Capacity.* Access to Recovery is projected to support treatment or recovery support services for approximately 100,000 people per year.

are not seeking treatment (see Figure 7). Thus the central problem is not waiting lists, but waiting for individuals who are in denial about their need for drug treatment to recognize that need.

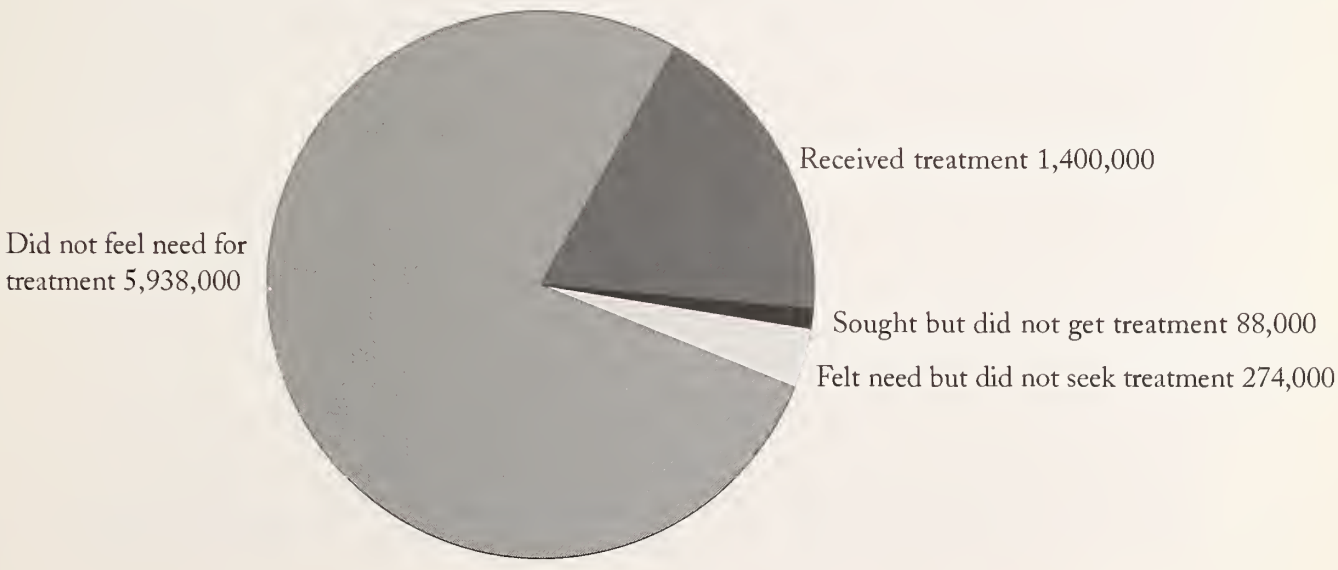
A voucher system, for the first time, offers those seeking drug treatment a consumer-driven path to the services they need; yet, the larger challenge for our society is to direct drug-dependent individuals—one in five of whom also suffers from a serious "co-occurring" mental illness—to the help they so desperately need but fail to consider.

Closing this "denial gap" is a vast undertaking. Helping our brothers and sisters in need and staring down the social discomfort and risk of alienation to offer the hope of recovery requires the energy and commitment of all Americans. We must create a climate in which Americans confront drug use honestly and directly, offering the compassionate coercion of family, friends, and the community, including colleagues in the workplace, to motivate the change that brings recovery.

When such efforts fail, and when individuals run afoul of the criminal justice system, we must make all reasonable efforts to identify and direct individuals in need into court-supervised drug treatment. In this connection, the Administration has requested a $32 million increase in Federal support for the drug courts program in fiscal year 2005.

Drug courts use the authority of a judge to require abstinence and altered behavior through a combination of clear expectations, graduated sanctions, mandatory drug testing, case management, supervised treatment, and aftercare programs—a remarkable example of a public health approach

Figure 7: Most of Those in Need of Drug Treatment Do Not Seek It


Received treatment 1,400,000
Did not feel need for treatment 5,938,000
Sought but did not get treatment 88,000
Felt need but did not seek treatment 274,000

Source: National Survey of Drug Use and Health, 2002

linked to a public safety strategy. Carefully modulated programs like drug courts are often the only way to free a drug user from the grip of addiction. More than 1,183 drug courts operate in all 50 states, with an additional 414 courts in the planning stages (see Figure 8 on page 26).

Focus on Prescription Drug Safety

Traditional drug threats involve illicit substances grown or produced abroad and smuggled across America's borders by traffickers. By contrast, with few exceptions, prescription drugs are legal medicines, legitimately manufactured, distributed by licensed pharmacists, and prescribed in good faith by physicians. And while most Americans understand the risks of addiction or even death from drugs like heroin or cocaine, they are less likely to appreciate the risks associated with prescription drugs, which are approved and certified by the government. Yet, through negligence, theft, fraud, or forgery, these addictive substances are being diverted and abused with alarming frequency.

Surveys confirm that the nonmedical use of prescription drugs has emerged in the last decade

OPERATION PAR'S THERAPEUTIC COMMUNITY WITH A DIFFERENCE

Operation PAR (Parental Awareness and Responsibility) got its start the way many effective programs do: a parent concerned about her child's drug use took action. That parent was Shirley Coletti. The west central Florida-based nonprofit she founded in 1970 has grown to more than 625 employees in four counties serving 9,800 individuals a year, from juvenile felons to outpatient heroin addicts on methadone maintenance.

One of the group's many remarkable programs is PAR Village, a residential, therapeutic community-type drug treatment campus spread over three acres. At PAR Village, 25 to 30 mothers and expectant mothers spend up to 18 months living with their young children. Another 20 mothers with older children live alone but can have their children stay overnight.

The program grew out of in-house research. As Nancy Hamilton, Operation PAR's CEO, explains, "We studied the question of whether mothers did better if they were able to keep their children [while] in treatment," says Hamilton. "We found that they did."

Some of the women at PAR Village are at risk of losing their children and come as a condition of maintaining parental rights. Some have been sentenced by a drug court

as a major problem. The illegal diversion, theft, and medical mismanagement of prescription drugs (particularly opioid pain medications) have increased and, in some areas, present a larger public health and law enforcement challenge than cocaine or heroin.

According to the most recent National Survey of Drug Use and Health, the misuse of psychotherapeutic drugs—pain relievers, tranquilizers, stimulants, and sedatives—was the second leading category of illicit drug use in 2002, following marijuana. An estimated 6.2 million Americans (approximately 2.6 percent of the population age 12 and older) had used a psychotherapeutic drug for nonmedical reasons in the month prior to the survey.

The bulk of this abuse involves narcotic analgesics—an estimated 4.4 million Americans are past-month (so-called current) nonmedical users of pain relievers. OxyContin, a powerful time-release painkiller with an addiction potential similar to morphine, was used nonmedically at least once by 1.9 million Americans in 2002. The rate of OxyContin abuse in 2002 was ten times higher than in 1999.

The University of Michigan's Monitoring the Future survey for 2003 finds a similar pattern among young people, with the nonmedical use of prescription drugs second only to marijuana. The abuse by high-school seniors of the brand-name narcotic Vicodin is more than

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but are given a chance to have their children join them.

Drug use by parents and its effects on children are treated simultaneously. "You have two clients—the mom and the child," says Hamilton. "While you are doing treatment with the mom, you are doing prevention with the child."

Many of the women who enter PAR Village are hard cases, but Hamilton is impatient with treatment providers who take only the most promising clients. "A lot of programs explain their failures by saying that they just need a better class of clients. We think there's no such thing as client failure—only program failure."

"These moms come in and they are pretty much unsuccessful in every area of their lives," says Hamilton. "And they come in here and we create an environment where they can be successful. But it's not easy. Our counselors and staff have to teach them how to bathe their kids, how to feed their kids dinner, how to put the kids to bed. We tell the nurses who want to work here that they have to be prepared for the unexpected."

The unexpected sometimes has to do with clarifying the line between discipline and abuse. "Often, we have to teach parents how to discipline their children without being abusive," says Hamilton. "But it is a joy to watch children flourish as their recovering mothers learn better parenting skills and as their recovering mothers learn to give them the greatest gift of all—the time that drugs used to occupy."

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double their use of cocaine, Ecstasy, or methamphetamine. This drug has become a deadly youth fad, with one out of every ten high-school seniors reporting nonmedical use. Some 5 percent of seniors report nonmedical use of OxyContin.

ONE-STOP SHOPPING AT NASHVILLE'S DRUG COURT

Judge Seth Norman spent five years as a criminal court judge in Nashville before tiring of the parade of familiar faces and deciding to try something different. "I saw the same person coming through the door time and time again," says Judge Norman. He and colleagues investigated the possibility of securing funding for a drug court, and even after being awarded a Federal grant, found that he still had to scrounge for furniture.

"I took five guys out of jail," says Judge Norman. "I took them to an abandoned state mental hospital—it was in terrible shape—and I told them that if they'd clean it up, I'd find them some counseling."

Eight years later, the Davidson County Drug Court is nationally known as much for its impressive results as for its unusual approach. In the reverse of the usual pattern, the drug court refers the majority of its clients not to outpatient treatment but to an intensive, year long residential treatment regimen known as a therapeutic community.

"Most of the people we deal with have serious enough problems that they are going into inpatient treatment," says Judge Norman. "Drugs like crack cocaine are just so potent that [users] are going to have to spend some time in treatment before they are going to be better." The remainder, less than 20 percent of referrals, is assigned to outpatient treatment with weekly hearings and regular drug testing.

The drug court is unusual for another reason: the inpatient therapeutic community to which it refers clients, which houses up to 100 long-term residents, is co-located with the drug court. Supervision is intense. "The Judge and the treatment counselors know all of the residents by name," says Jeri H. Bills, the court's program coordinator. "People here learn to be responsible—and these people have never had any responsibility. They've never had a job, paid taxes, gotten up early to walk their kids to the school bus. Here, they get up every day before six, they run the place, they keep the grounds."

The program comprises three phases, an acclimation phase for roughly the first six to eight weeks is followed by six to eight months during which residents have minimal freedom of movement. They can earn passes to leave for four hours at a

Additionally, according to the Drug Abuse Warning Network (DAWN), a nationwide sentinel system that monitors drug-related emergency room episodes, nonmedical use of narcotic analgesics as a reason for an emergency room visit rose 163 percent between 1995 and

time, with the understanding that they will be drug tested on their return.

To enter the third and final phase, residents must find work. "We provide all residents with a bus pass," says Judge Norman, "and we coach those with literacy issues, but they have to go out and find their own job." One-third of residents' pay goes back into the program to cover costs, one-third goes to a savings account to provide some stability when residents return to the outside world, and one-third goes to court-related costs such as child support and restitution to victims.

Keeping a job for 90 days is one requirement for "coining out" (graduates get a commemorative coin on graduation from the residential portion of the program). Coining out is followed by another six months of supervision while clients reintegrate into society.

Recidivism—here defined as being convicted of any crime after graduation—is about 18 percent. "We take each of our 260 graduates and we run them through an NCIC [National Crime Information Center] check and a local police arrest query," says Judge Norman. Not that the program's graduates are all that hard to track down. An alumni association meets in the courtroom every other Tuesday night.

The program's graduation rate is about 65 percent. "Some people come in and just say 'to heck with this—I'll just do my 10 years,'" says Judge Norman. "Many of them have done time so many times that for them, it's just another trip to prison. Here, you're not going to find a boom box or a TV. You have to do exactly what you are told to do, when you are told to do it. And you know what? These folks find that they love having some structure in their lives."

Judge Norman and the drug court staff feel strongly about the supportive role family members can play in a resident's recovery. "We don't push it until midway through phase two," says Jeri Bills. "The family wants to help the person, but often they haven't known what to do. Having them there says that the person in treatment is not doing it on their own—they have the support of a family that has probably been alienated for so long."

Judge Norman still has his day job in the criminal court, but he looks forward to the time he spends in drug court. "It's just about one of the most satisfying things a person can do is see a person become a successful citizen after they have been addicted to drugs for many years."

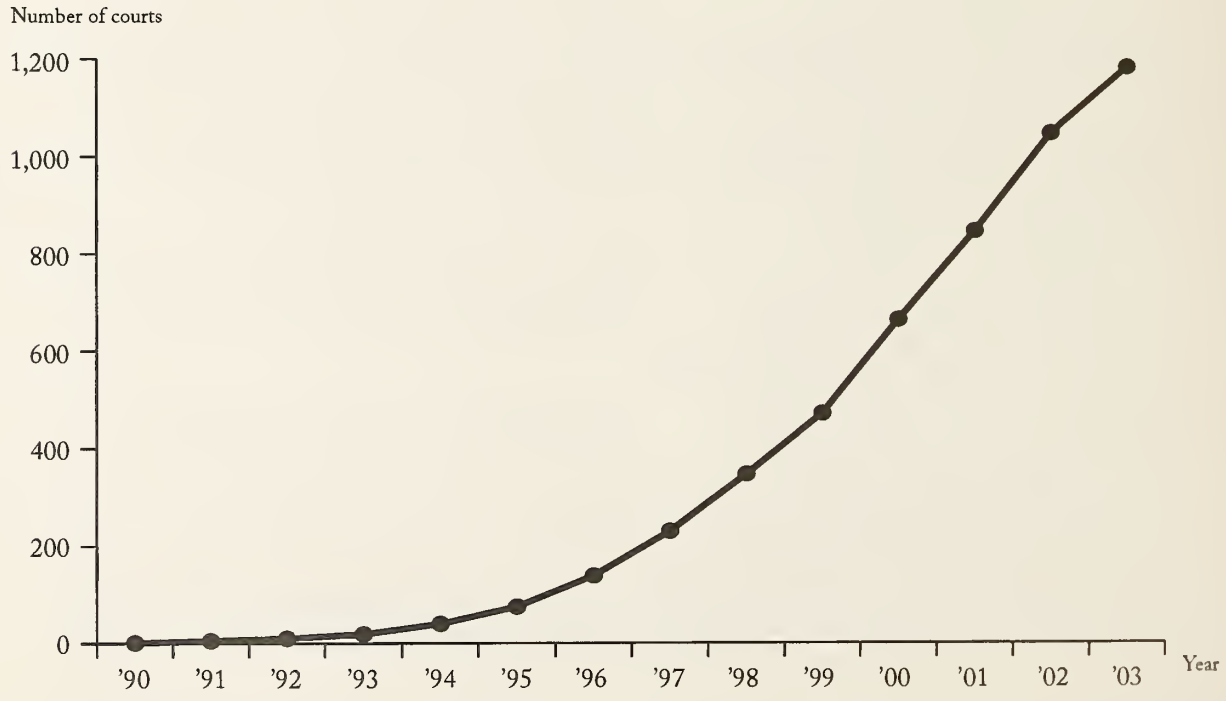
2002. More alarming, trend data from DAWN for the years 1995–2002 shows a dramatic rise in emergency room mentions of single-entity oxycodone (formulations of the narcotic without other drug combinations), from 100 mentions in 1996 to nearly 15,000 mentions in 2002.

Curtailing Doctor Shopping

Pharmaceuticals can be diverted in multiple ways. The most popular form of diversion is known as doctor shopping—visiting many doctors to acquire large amounts of controlled substances. Other diversion methods focus on the pharmacies themselves, which may experience theft or inappropriate distribution of controlled drugs by pharmacists or employees or may receive forged prescriptions. Physicians may inappropriately prescribe controlled substances through either insufficient risk-management of patients with a potential for abuse or outright fraudulent medical practice. Those who acquire diverted substances may themselves abuse them or sell them to others at enormous profit.

The most alarming form of prescription drug abuse involves substances classified under the Controlled Substances Act as Schedule II or III drugs. By definition, these drugs have a high

Figure 8: Number of Drug Courts Nationwide



Source: National Drug Court Institute

potential for abuse, but also an accepted medical use. Simply to ban such substances would undermine the legitimate medical purposes that they serve and would increase the suffering of many. The challenge for policymakers is to suppress the abuse of prescription drugs without infringing unnecessarily on legitimate medical practice.

The Federal Government has sophisticated systems in place for tracking and controlling drugs with high potential for abuse, from the manufacturer down to the wholesale level. The Drug Enforcement Administration (DEA) has regulatory and investigative jurisdiction over the diversion of controlled pharmaceuticals, and accomplishes its control and monitoring functions through a nationwide database. As a result, relatively little of the diversion problem originates in the manufacturing-to-wholesaling system.

It is at the retail level, the most frequent site of diversion, where the need for increased monitoring is greatest. We are now closing this gap in part through the development of something most Americans assume already exists—state-level prescription monitoring programs. PMPs, as they are known, are designed to facilitate the collection, analysis, and reporting of information on the prescribing, dispensing, and use of pharmaceuticals.

The data generated by PMPs is analyzed by licensing, regulatory, or law enforcement agencies to track a patient's use of prescription medicines. When cases of inappropriate prescribing or

FIGHTING PRESCRIPTION DRUG ABUSE AT THE STATE LEVEL

In Nevada, pharmacies are required to download prescription information to the state's Prescription Controlled Substance Abuse Prevention Task Force, which sifts through the data to identify doctor shoppers. The Task Force then sends informational letters to each of the patient's practitioners and pharmacies asking them to intervene, referring the patient to appropriate treatment or counseling.

The program has had the added benefit of encouraging both practitioners and pharmacies to recognize the potential doctor-shopping problem and encourages them to review their patients' drug history, soliciting reports instead of waiting to be contacted. When the program began in 1997, the task force received 480 such requests for reports; by 2003 this number had risen to 13,925.

The benefits of the program have far outweighed its annual $131,000 budget. Nevada instituted the system in 1997, and in just the first year alone, the number of narcotic drug doses dispensed to suspected abusers was cut by 46 percent—a result typical of other states' experiences.

dispensing of controlled substances appear, regulatory and law enforcement officials are alerted. PMPs also offer physicians a way to obtain information on whether their patients or prospective patients have obtained the same or similar prescription drugs from other doctors.

State programs like these do not interfere with legitimate prescribing and dispensing of pharmaceuticals. Nor do they violate patient confidentiality requirements. Currently, 21 states have some form of reporting mechanism, with additional states in the development stage.

The effectiveness of PMPs can be seen in a simple statistic: in 2000, the five states with the lowest number of OxyContin prescriptions per capita all had PMPs. According to DEA, the five states with the highest number of prescriptions per capita all lacked them.

An important feature of successful PMPs is developing the authority to share data across state lines to combat border-crossing abusers trying to avoid detection. The startup cost of a PMP is surprisingly modest—approximately $300,000 per state, with most states able to operate them continually for between $150,000 and $1 million per year. Internet monitoring tools are essential for establishing an effective system. DEA is also currently developing a method to track and monitor illegitimate Internet prescription offers.

Prescription monitoring programs offer real hope for effective diversion control and restoring prescription safety, but they cannot succeed in isolation. The pharmaceutical industry itself must become a part of this partnership in a constructive way. Manufacturers must commit to responsible advertising and risk announcements involving their products.

The Food and Drug Administration (FDA) will continue to monitor promotional materials for controlled substances, particularly for sustained-release products, to ensure that false and potentially misleading claims are not made. The FDA Office of Criminal Investigations is working with DEA on investigations involving the illegal sale, use, and diversion of controlled substances, including illegal sales over the Internet. DEA will improve its training on the recognition and pursuit of diversion cases so that they can pursue cases aggressively without limiting proper pain management by physicians.

Finally, physicians must perform risk assessments on patients at risk for potential abuse. This is particularly true for patients entering opiate therapy for chronic pain. Physician licensing boards must insist on more effective education for future doctors, and on remedial courses in risk management and awareness of dangerous new drugs for existing practitioners. State licensing boards must exercise appropriate oversight and take action against physicians who undermine the integrity of medical practice.

BUDGET HIGHLIGHTS

- **DEA—Priority Targeting Initiative: up $34.7 million.** This initiative will strengthen DEA's efforts to disrupt or dismantle Priority Target Organizations, including those linked to trafficking organizations on the Attorney General's Consolidated Priority Organization Target list.

- **Organized Crime Drug Enforcement Task Forces (OCDETF) Assistant U.S. Attorney Initiative: up $9.6 million.** This proposal includes 113 positions to address existing staffing imbalances within the U.S. Attorney workforce, thereby achieving an appropriate balance between investigative and prosecutorial resources. This request represents the first phase of a four-year plan to achieve a ratio of one Assistant U.S. Attorney for every 4.5 investigative agents.

- **OCDETF Fusion Center Initiative: up $6.3 million.** This request supports and expands the capacity of the fusion center, which analyzes drug trafficking and related financial investigative information and disseminates investigative leads to OCDETF participants. This enhancement provides a total of 60 positions to coordinate and conduct nationwide investigations generated as a result of analysis by fusion center personnel.

- **OCDETF Financial Initiative: up $4.5 million.** This enhancement funds 28 additional positions to include Internal Revenue Service (IRS) participation in all OCDETF investigations. The IRS's expertise is critical to identifying, disrupting, and dismantling the financial infrastructure of drug trafficking organizations.

- **Immigration and Customs Enforcement—P-3 Flight Hours: up $28 million.** P-3 aircraft are critical to interdiction operations in the source and transit zones because they provide vital radar coverage in regions where mountainous terrain, expansive jungles, or large bodies of water limit the effectiveness of ground-based radar. This request will increase P-3 flight hours from 200 to 600 per month.

- **Department of State—Andean Counterdrug Initiative (ACI): $731 million.** The fiscal year 2005 request will fund projects needed to continue enforcement, border control, crop reduction, alternative development, institution building, and administration of justice and human rights programs in the region. The ACI budget provides support to Colombia, Peru, Bolivia, Ecuador, Brazil, Venezuela, and Panama.

Disrupting the Market: Attacking the Economic Basis of the Drug Trade

The drug trade is a profit-making business, one whose necessary balance of costs and rewards can be disrupted, damaged, and even destroyed. The main reason supply reduction matters to drug policy is that it makes drugs more expensive, less potent, and less available. Price, potency, and availability are significant drivers of both addicted use and casual use.

The drug trade is a worldwide market, embodying the strengths of a flexible, multinational enterprise and the weaknesses of a complex, far-flung illegal network that has to launder proceeds, pay bribes, and deal with the risks of betrayal by coconspirators and violence from competitors. The agencies that implement supply control measures face a challenge: how to identify and exploit the key vulnerabilities of a business that operates in secrecy.

Both abroad and at home, for the past two years the Strategy has focused on such sectors as the drug trade's agricultural sources, its processing and transportation systems, its organizational hierarchy, and its financing mechanisms. We are now attacking the drug trade in all of its component parts, and we have made progress on all fronts.

The U.S. Government's master list of targeted trafficking organizations is shorter this year, thanks to the elimination of eight major trafficking organizations during the past fiscal year (see box on pages 34 and 35). Another seven organizations were weakened enough to be classified as "significantly disrupted."

Interdiction forces from the Departments of Defense and Homeland Security registered impressive interdiction successes during 2003. These successes are partly the result of Operation Panama Express, an intelligence-driven program managed by the Departments of Justice and Homeland Security that targets fishing and other vessels departing from Colombia's Pacific and Caribbean coasts.

Data available as of the end of 2003 showed a consistent, high level of cocaine interdiction despite four Orange Threat Level alerts that forced the reallocation of certain interdiction assets to homeland security missions (see Figure 9). A surge in the air trafficking of cocaine from Colombia—128 documented flights during the first nine months of 2003, compared to 34 in all of 2002—was met with the reinstitution of the Airbridge Denial program in Colombia.

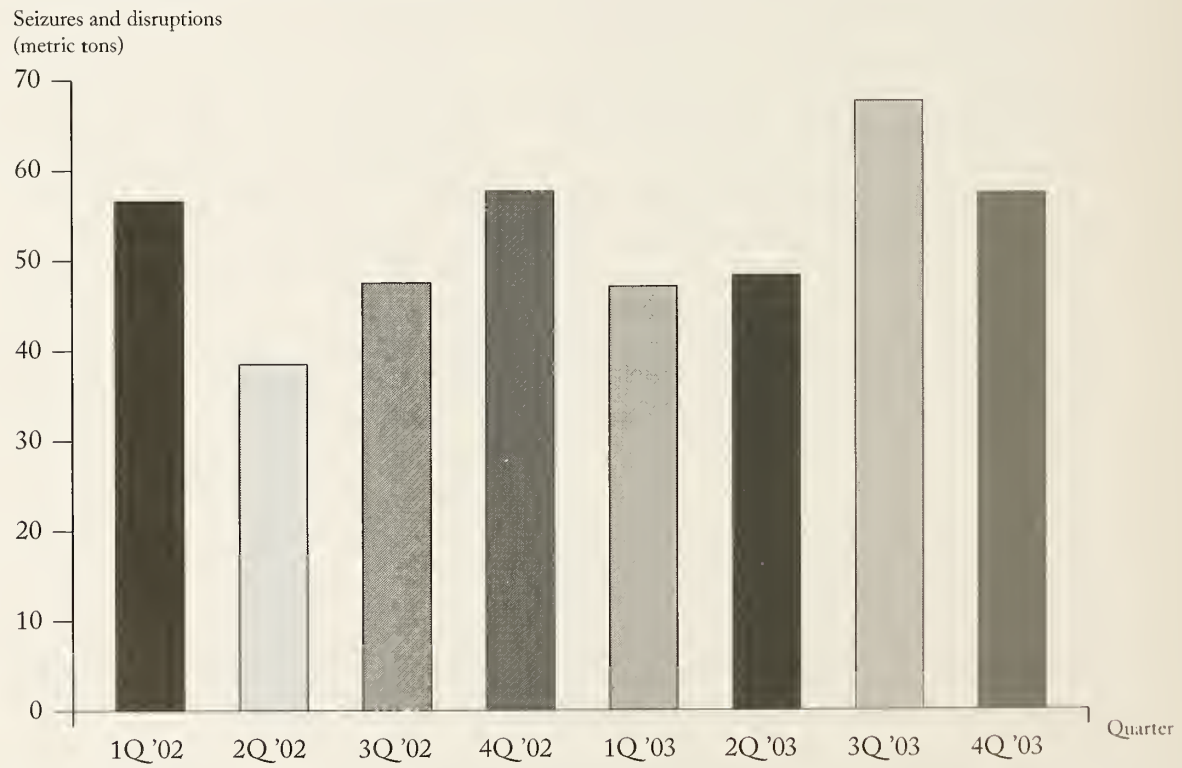
In Latin America, in a reverse of the pattern of the 1990s, cocaine production is down in Colombia, by far the world's largest supplier of raw coca. Colombia saw a 25,000 hectare drop in cultivation in 2002, representing a 15 percent reduction from 2001. The Putumayo growing region, which in 2001 produced almost 20 percent of the world's coca, was left with just 1,500 hectares of coca in April 2003. This number was down from nearly 40,000 hectares two years before—a 96 percent reduction—as farmers moved to replant in other parts of the country. Opium poppy cultivation dropped as well, by 25 percent.

This performance was followed by a second consecutive record year for eradication, with 127,112 hectares sprayed by the eradication forces of the Colombian National Police during 2003 (see Figure 10). Opium poppy cultivation was hit hard as well, with over 2,800 hectares sprayed during 2003.

Standing at the ready to dismiss such progress are critics of supply-control activities. The critics' metaphor for the drug trade is a "balloon" that, when pressed in one place, simply pops up in another. It is true that criminal enterprises invariably attempt to reestablish themselves in an environment with the most permissive rule of law. It is also true that traffickers have more than once been driven out of a country by drug control efforts only to reconstitute their business in a neighboring country—as in the mid-1990s, when plummeting coca cultivation in Peru was offset by rapid planting in neighboring Colombia.

But not this time. Crucially, progress in Colombia has not been offset in traditional growing areas in Peru. Nor have regular increases in cultivation in Bolivia come close to offsetting the drop in Colombia. A small increase in cultivation in Bolivia during 2002 (taking back less than a third of the reduction in cultivation in Colombia) was followed in 2003 by a net decrease in the total area cultivated for Bolivia and Peru—including a remarkable 15 percent drop in Peru. Nor has

Figure 9: Cocaine Interdiction Trends by Quarter



Source: Consolidated Counterdrug Database

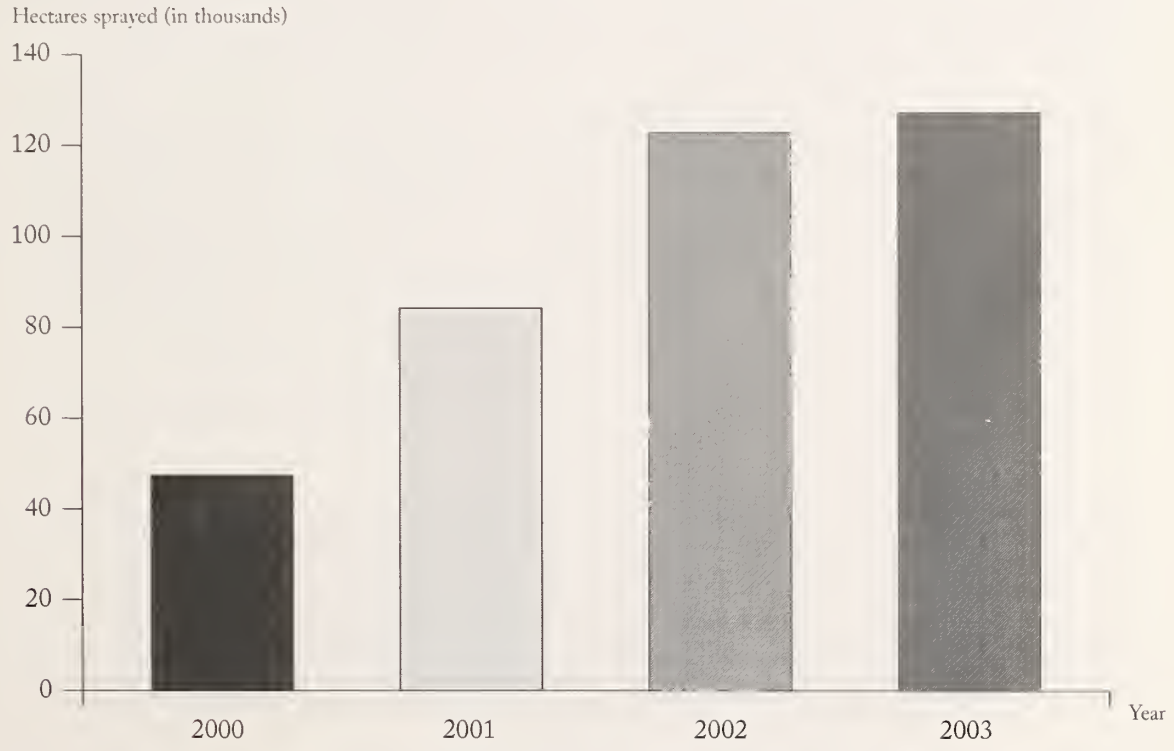
production expanded to Venezuela, Ecuador, Panama, or Brazil, where only trace amounts of coca are cultivated.

The coming year may be a critical juncture for the U.S. cocaine market. During 2004, for the first time in more than a decade, as enforcement pressure in Colombia works its way through the system, we may begin to see a meaningful reduction in the supply of cocaine available for domestic consumption—a remarkable accomplishment for Colombian President Alvaro Uribe, and further incentive for cocaine addicts to enter drug treatment. The possibility of a reduction in cocaine availability underscores the importance of the President's Access to Recovery treatment initiative, described in Chapter II, which will offer treatment services to an additional 100,000 people each year.

Colombia's Cocaine Trade

In the 30 years since Colombian marijuana growers began exporting cocaine to the United States, the business has expanded into a worldwide drug trafficking empire, producing roughly 700 metric tons of pure cocaine annually for three markets: the United States (which consumes 250 metric tons), Europe (roughly 150

Figure 10: Eradicating Coca in Colombia



Source: Department of State

metric tons), and Brazil (up to 50 metric tons). Additional quantities are accounted for by seizures and other losses.

Over the years, as the cocaine business changed, Colombian traffickers retained their preeminence as the only group capable of exporting hundreds of tons of cocaine annually. Even the mid-1990s shift of cultivation out of Peru and Bolivia turned out, in the end, to be a boon to Colombian traffickers. As cultivation retreated into Colombia, it moved closer to cocaine processing laboratories and was less prone to air interdiction.

Cocaine shipments originating in Colombia were also that much closer to that country's north and west coasts, historic departure points for off-continent distribution. Growing involvement by leftist rebels seemed to cement Colombia's connection to the drug trade, the more so in 1998, when Colombia's president granted FARC guerrillas a 42,000-square-kilometer safe haven as an inducement

TARGETING THE TOP OF THE TRAFFICKING PYRAMID

Confronting a hidden, illicit business requires discipline, intelligence, and creativity. To a degree not commonly imagined, it also requires coordination, since trafficking organizations can span dozens of states and hundreds of jurisdictions, and investigating them can involve dozens of law enforcement agencies. The multi-agency Special Operations Division (SOD) has performed a critical role in coordinating investigations that, like the trafficking organizations they pursue, span many jurisdictions and extend across national boundaries.

The recent indictment of Mexican drug lord Ismael Zambada-Garcia and members of his trafficking organization, for instance, resulted from the coordination by SOD of more than 80 separate investigations involving seven Federal agencies and over 60 state and local agencies within the United States. Also instrumental were the cooperation and assistance of foreign counterparts, particularly the Federal Investigative Agency in Mexico and the Colombian National Police.

Yet, focusing Federal as well as state and local law enforcement agencies on the same set of targets—and inducing them to share intelligence—has been a perennial challenge. Agencies have not always been disciplined enough to forego targets of opportunity in favor of more time-consuming, coordinated investigations.

As the Zambada-Garcia case suggests, that is beginning to change, thanks in large part to leadership from the Department of Justice. In 2002, Attorney General John Ashcroft called upon Federal law enforcement agencies to create a single list of the most significant international drug trafficking

to peace talks, only to see the area used to facilitate drug processing.

The subsequent remarkable turnaround in Colombia owes much to President Uribe and his continuing commitment to attack and eliminate all coca cultivation in Colombia. President Uribe seeks to cut off the revenue that sustains armed groups of the extreme right and extreme left, as a milestone on the way to the defeat and elimination of the guerrillas who control the remote areas of Colombia and who are slowing the country's economic and democratic development. (The renewed campaign against Colombia's insurgent armies has brought needed attention to the role of the American drug consumer as the single largest financial supporter of antidemocratic forces in this hemisphere.)

Coca cultivation is an attractive target for law enforcement for precisely the same reasons that it offered an opportunity to rebel groups and paramilitaries seeking to control and tax growers: the crop is critically vulnerable. Virtually the

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and money laundering organizations and those primarily responsible for the Nation's drug supply. The first Consolidated Priority Organization Target (CPOT) list was issued later that year.

The CPOT list is not public. The list represents the collective judgment of investigators and intelligence analysts from the DEA, FBI, the IRS, U.S. Immigration and Customs Enforcement, the U.S. Marshals Service, and other agencies. The CPOT organizations thus identified are a top priority for the Department of Justice and for the Organized Crime Drug Enforcement Task Forces Program, better known by its acronym, OCDETF.

The CPOT list for fiscal year 2004 contains 40 targets, including organization heads, drug manufacturers, transporters, major distributors, and money launderers. In addition, the list identifies the hundreds of active investigations not only of the CPOT targets themselves but also of major associates and related distribution networks, which move and market the illegal drugs throughout the United States.

The CPOT strategy seeks to incapacitate the foreign-based organization heads, their transportation and smuggling systems, their regional and local distribution networks, and their financial operations, thereby interrupting the flow of drugs into the United States and diminishing the capacity of the organizations to reconstitute themselves.

The fact that all CPOT targets are based in foreign countries places a particular premium on extradition, a favorite tool of prosecutors and one that has led to substantial progress in some countries. Colombia's President Alvaro Uribe, for instance, has moved decisively to extradite high-level traffickers to the United States, 68 of whom were sent to this country for prosecution during Uribe's first full year in office.

entire crop is visible from the air; most coca grows on terrain level enough to permit effective spray operations using crop duster aircraft to dispense herbicides; and the coca bush is a perennial that requires roughly twelve months to mature after initial planting.

Confronting Colombia's Heroin Problem

Heroin users in the United States consume 13 to 18 metric tons of the drug per year, according to consumption-based models, with supplies historically originating in Southeast and Southwest Asia, as well as Mexico. Since the early 1990s, especially in the eastern United States, an increasing portion of the heroin market has been supplied by traffickers from Colombia selling heroin produced in that country. While estimates of heroin "market share" are based on analysis of selected seizures and are inherently imprecise, most analysts believe that the majority of the heroin sold in the United States is of South American origin (principally from Colombia).

South American heroin also carries the distinction of being, on average, the purest heroin available on U.S. streets. DEA's Domestic Monitor Program, a retail heroin purchase program, tracks the price and purity of urban

FOLLOWING THE MONEY: TARGETING THE BLACK MARKET PESO EXCHANGE

Recognizing that the drug trade is profit driven, drug enforcement agencies are strategically refocusing resources to attack the financial infrastructure of trafficking organizations. Attacking the financial underpinnings of drug trafficking organizations places a premium on cooperation among various agencies and with the private sector.

Law enforcement is working with the financial services industry and Federal regulators to close the financial system to drug traffickers. As progress is made on closing down the legitimate financial system to drug money, traffickers resort to bulk cash smuggling and the use of the Colombian Black Market Peso Exchange system to move their drug proceeds. Coordinated efforts are under way with the governments of Colombia and other affected nations and with the private sector to attack and disrupt this system as well.

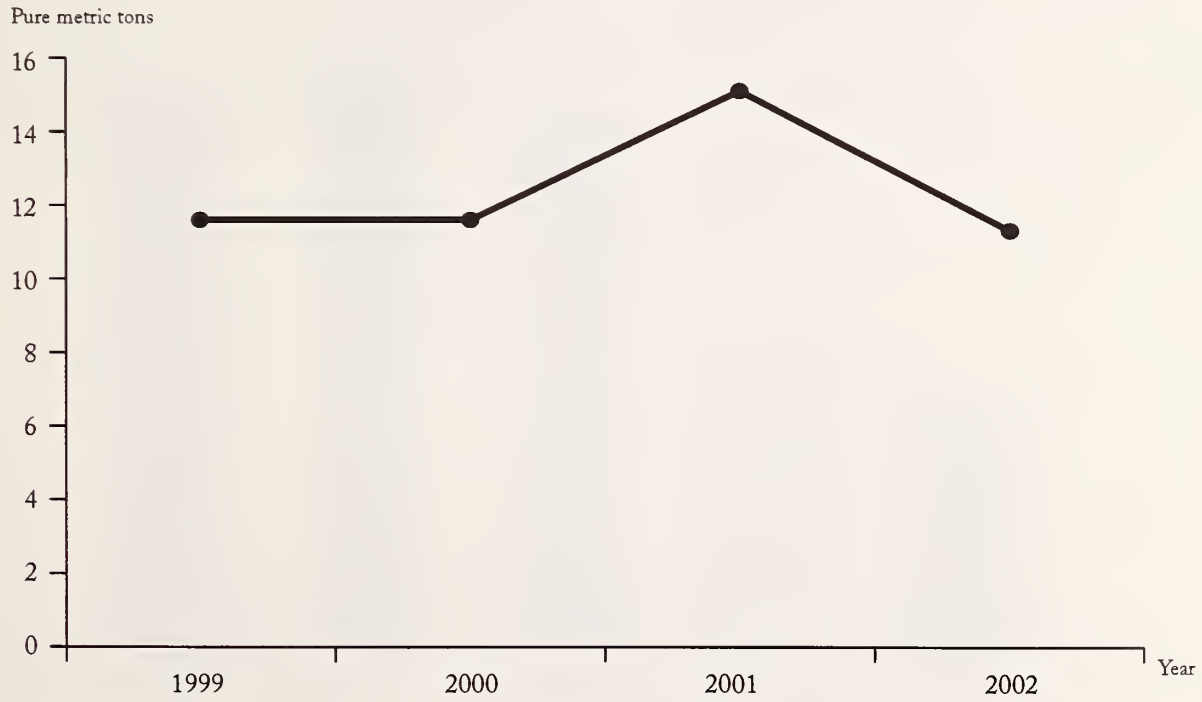
Toward that end, the Departments of Justice, Homeland Security, and the Treasury are working jointly to plan the creation of a Financial Attack Center. The center will bring together our most experienced financial investigators and analysts to prioritize targets and develop plans to attack them.

street-level heroin. The most recent data available show that in 2002, the average purity for retail purchases of South American heroin was 46 percent. The purity of Mexican-source heroin, by contrast, averaged 27.3 percent, while heroin from Southwest Asia averaged 29.8 percent pure. Southeast Asian heroin averaged 23.9 percent pure.

Our strategy for attacking the heroin trade in Colombia has three principal components: eradication, organizational attack, and airport interdiction.

Eradication: The cultivation of opium poppies in Colombia expanded from just over 1,100 hectares in 1991 to 6,000 hectares (two annual harvests of 3,000 hectares each) by the mid-1990s. Unlike the coca crop, poppy has proved stubbornly resistant to aerial eradication efforts because it is a four- to six-month annual plant that can be inexpensively replanted after eradication. The 2002 cultivation estimate is 4,900 hectares, a 25 percent reduction from 2001 but still enough to produce 11.3 metric tons of pure heroin (see Figure 11). The U.S. Government and the Government of Colombia have moved decisively to redouble efforts to counter this threat, using both eradication and law enforcement resources. In 2003, during hundreds of surveillance and eradication missions, the Colombian Government sprayed 2,821 hectares of poppy—a surface area equal to the entire known area of poppy cultivation.

Figure 11: Colombia: Potential Heroin Production



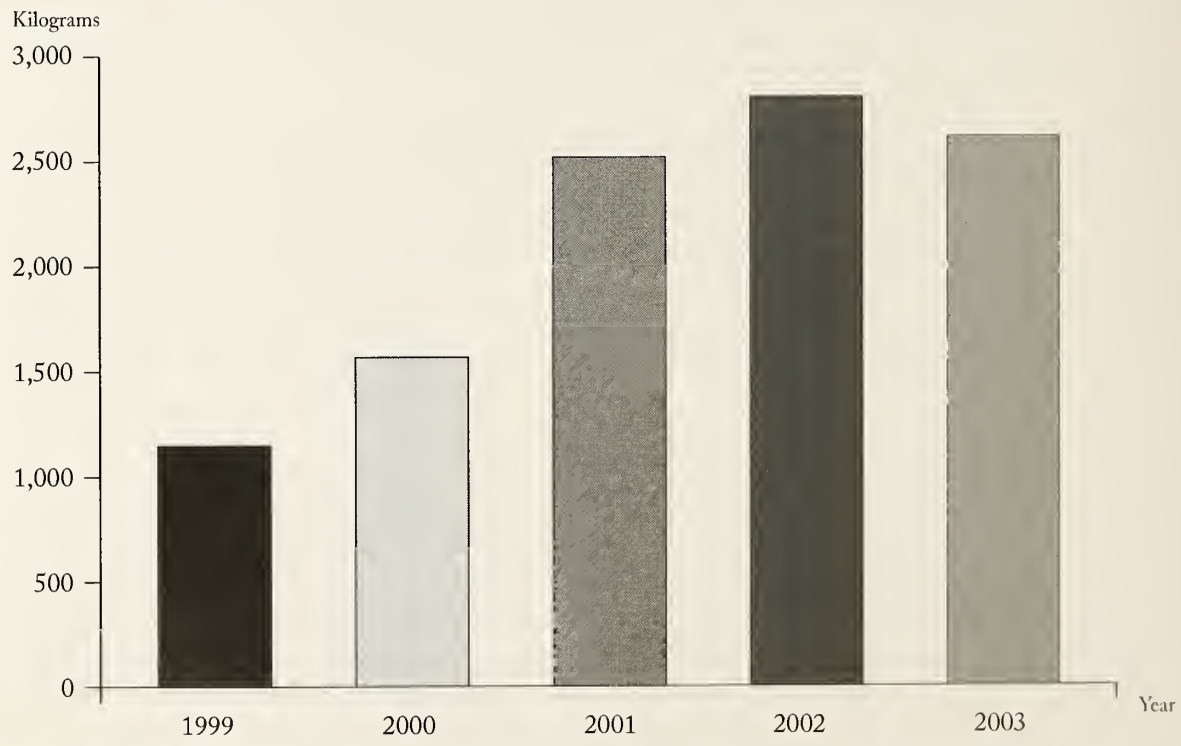
Source: Major Narcotics Producing Nations: Cultivation and Production Estimates, 1998–2002

In recent years, propagation of more and smaller poppy fields in the high, cloud-covered Andes has hindered eradication efforts, but the program has responded with a comprehensive reconnaissance and targeting approach that now seeks to spray all locatable poppy every 120 days. Program managers maintain logs of previous cultivation areas as a guide for searching out new fields, and more recently have begun incorporating informant information from DEA's toll-free informant "tip line" and law enforcement sources such as the Colombian National Police.

Attacking the Organization: Investigators and prosecutors on the East Coast of the United States, an area facing a particular threat from South American heroin, have stepped up their efforts to disrupt and dismantle organizations trafficking heroin in the region.

DEA has transferred agent positions from offices in nearby countries to create a heroin task force in Colombia. This 13-person Bogota heroin group is working with the Colombian National Police on cases involving high-level traffickers supplying U.S. markets and has scored a number of important enforcement successes. DEA plans to add a second dedicated heroin group this year to further its efforts to disrupt, arrest, and prosecute members of the 20 identified Colombian heroin trafficking organizations, along with other groups. This second group will be part of a 28-position

Figure 12: Federal Heroin Seizures (All Types of Heroin)



Source: DEA, Federal-wide Drug Seizure System

DEA enhancement in Colombia that is also to include a money laundering group that will focus on identifying and seizing illicit proceeds flowing back into Colombia.

Airport Interdiction: DEA's Bogota office is assisting with the installation of X-ray systems at all Colombian international airports to further increase the seizures of heroin shipments that typically depart by commercial air on their journey to the United States. More than 1.3 metric tons was seized in 2002 in South American airports. Airport interdiction efforts in Colombia are supplemented by similar programs in the United States, with encouraging results—1.8 metric tons of heroin was seized at U.S. airports during 2002, much of it from South America. Additional amounts were seized at other ports of entry and through investigative activities (see Figure 12), equating to more than 20 percent of exportable Colombian heroin production. The results should improve this year, as more X-ray equipment becomes operational in Colombia and as U.S. law enforcement at arrival airports on the East Coast become even more effective at seizing heroin delivered by courier.

Tightening the Coca Belt: Colombia's Andean Neighbors

Although massive cultivation increases are not threatening Peru and Bolivia, there have been internal shifts that bear watching, as in Bolivia's Yungas region, which has seen cultivation intensify. Controlling Bolivia's shifting growing areas has been complicated by a renewed politicization of the coca industry and political instability generally (in the past year, radical groups launched violent protests that damaged the economy and led to the ousting of President Sanchez de Lozada). Coca farmers in Bolivia have protested against coca eradication, and these demonstrations have turned violent on occasion, with radical leaders using the demonstrations to advance their political ambitions and undermine the government's legitimacy. There have been direct attacks on coca eradicators in some areas.

These leaders purport to seek the expansion of legal coca cultivation (some areas of the Andes permit the chewing of unprocessed coca leaf) as a cash crop for indigenous farmers, even though the legal market is amply supplied and any additional coca leaf will eventually be processed into illicit cocaine. The lack of economic opportunity in Bolivia has sustained a modest level of support among the Bolivian populace for this rationalization of supporting an international criminal business. In addition, in the wake of the protests that ousted President Sanchez de Lozada, Bolivia's new president, Carlos Mesa, will be pressed to grant concessions that could undo drug control gains made by previous administrations.

In 2002, Peru produced about 140 metric tons of pure cocaine, leaving 120 metric tons available for export once Peruvian use and internal seizures are subtracted. Peruvian cocaine is believed to be exported in roughly equal amounts along three vectors: through Bolivia to Brazil/Argentina and to Chile, to the Peruvian west coast for off-continent shipment to Europe and the United States, and to Colombia. Peru's sheer vastness makes interdiction of cocaine most feasible at chokepoints, such as the roads west of the Andes

and at maritime departure ports, where the drug is stored before being loaded onto freighters.

Also of note in Peru, the Shining Path guerrilla movement has revived a cadre of nominally 500 members. Clearly, it poses a threat to security and is cause for concern. But at this point, the scope of the problem is small and the Peruvian forces have shown their ability to intervene against the Shining Path when necessary. At this time, the Shining Path has not made significant inroads into the Peruvian coca business.

Responding to the two differing threats in Peru and Bolivia, the United States will continue to construct programs that are country specific, while providing basic support for manual eradication, interdiction, law enforcement, alternative development, and criminal justice reform. Complementing these efforts will be initiatives to work with government and international financial institutions to help ease the economic challenges that have gripped these countries in recent years.

Ecuador, sandwiched between Colombia and Peru on the Andean Ridge, is a significant transit country for cocaine and Colombian heroin, as is Colombia's eastern neighbor, Venezuela. Estimates indicate that upwards of 50 to 80 metric tons of export-quality cocaine is exported from Ecuadorian ports annually headed for the United States and Europe, with an additional 100 to 150 metric tons exported from Venezuelan ports, much of it toward Europe, where cocaine consumption has been on the increase. The United States is providing support to the Government of Ecuador to improve security measures on the border with Colombia and to push forward needed economic reforms. U.S. counterdrug efforts in 2004 will continue to support Ecuadorian National Police efforts to combat traffickers, especially along the northern border and at maritime ports.

Venezuela poses a more difficult challenge. Narco-terrorists take advantage of the long, porous border between Venezuela and Colombia, often using remote areas of Venezuela as a sanctuary. The United States will continue to support law enforcement port interdiction efforts in Venezuela and will provide training to improve Venezuelan counterdrug law enforcement capabilities to counter the increased drug movement through Venezuela.

Exploiting Opportunities for Success in Mexico

Since taking office, President Vicente Fox has made historic progress against some of the most powerful drug trafficking organizations in the world. Cooperation between the United States and Mexico continues to grow, with the goal of reducing the 5,000 metric tons of Mexican marijuana and more than 300 metric tons of export-quality cocaine (roughly two-thirds of U.S. consumption) that Mexican traffickers move through Mexico and to the Southwest border of the United States.

Mexico is also a source of other illegal drugs. About ten metric tons of export-quality (roughly 50 percent pure) Mexican heroin enters the United States each year. In recent years, Mexican traffickers have also become major methamphetamine producers, smuggling into the United States both the finished drug (rough

estimates place it at twelve metric tons per year) and the pseudoephedrine and other chemicals needed to make it.

Drug trafficking clearly remains a critical issue for U.S. and Mexican security interests, and for bilateral relations. During the past year, the Government of Mexico, working in close coordination with the DEA, apprehended Osiel Cardenas-Guillen and Armando Valencia-Cornelio, the leaders of two trafficking organizations on the CPOT list.

The bilateral exchange of real-time intelligence, fostered by these takedowns, has resulted in highly productive initiatives. One example is Operation Trifecta, which targeted a "cell" of the Ismael Zambada-Garcia organization, a CPOT-listed organization that transported drugs from Mexico to Arizona and New York. This investigation led to simultaneous arrests on both sides of the border, including the "cell head," Manuel Campas-Medina in Mexico. Other high-level arrests last year included Arturo Hernandez-Gonzalez, and a key Guzman-Loera organization lieutenant, Jose Ramon Laija-Serrano.

In addition to these organizational attack efforts, the Mexican Attorney General's Office (PGR) and the Mexican Army continue to wage aggressive marijuana and poppy eradication campaigns, using aerial spraying and manual eradication. The results are very promising—about 80 percent of each crop has been eradicated in recent years, and in addition to limiting the overall supply, eradication has led to heroin shortages on the U.S. West Coast in years when the weather does not support a good poppy crop.

There may also be an opportunity for the Government of Mexico to seriously affect the internal flow of cocaine by establishing land checkpoints along key roads in the Isthmus of Tehuantepec. Over a hundred metric tons of cocaine that arrives in Central America and in southern Mexico is moved by road through the isthmus. Because of the mountainous terrain, the flow must move along two major roads, providing a natural chokepoint for inspections and interdiction. Flying the drugs over the isthmus would represent a difficult and costly logistics challenge for traffickers, and would require more than 200 flights annually—a major change from the current smuggling pattern and, again, one that would force traffickers to raise the price of the drugs they sell.

Depending on Marijuana

It would surprise few people to learn that marijuana is the most widely used illegal drug in the United States—with more than 14 million current users. A lesser-known fact is that marijuana smokers account for the lion's share of Americans who are dependent on illegal drugs—more than four million of a total of seven million individuals whose use of illegal drugs of all types is serious enough to be labeled as abuse or dependence.

To establish a diagnosis of abuse or dependence, an individual's drug use must have progressed to the point where it typically is causing them some combination of health problems, difficulties with work, or conflict with a spouse or loved one. By this standard, elaborated in detail by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), twice as many Americans confront problems of abuse and dependence stemming from marijuana smoking as from cocaine and heroin use combined.

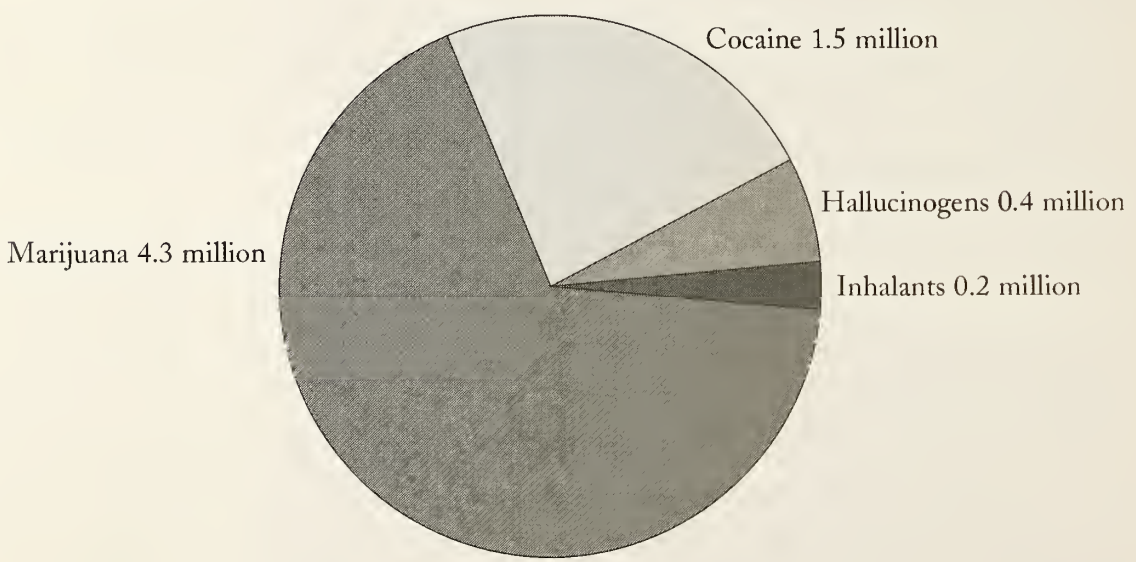
The marijuana Americans smoke comes from three main sources: U.S. outdoor and indoor cultivation, Mexican outdoor cultivation, and high-potency indoor cultivation from Canada. Although estimating marijuana production is an imprecise science, and while formal estimates of domestic production on public lands are a work in progress, a rough estimate for marijuana consumed in the United States per year would place U.S. imports from Mexico at approximately 5,000 metric tons, with roughly another 1,000 metric tons coming from Canada, and more than 2,500 metric tons produced domestically.

Marijuana cultivation is prevalent in many regions of the United States, with substantial concentrations in California, Hawaii, Kentucky, and Tennessee. In a national survey, 75 percent of law enforcement respondents reported outdoor marijuana cultivation in their areas. Some 74 percent reported "indoor grow" cultivation as well.

Outdoor cultivation typically involves small plots where significant profits can be made with limited risks, but larger plots have been observed in locations such as National Forest Service lands in California, where cannabis eradication rose from a reported 443,595 plants in 2000 to 495,536 plants in 2001, the most recent year for which data is available. Indeed, much of the outdoor cannabis cultivation in the United States is believed to take place on public lands because of their relative remoteness.

Nationally, the National Drug Intelligence Center (NDIC) reports that cannabis cultivation on public lands has been on the rise. In response to

Figure 13: Depending on Marijuana: Dependence or Abuse by Illicit Drug



Note: Methamphetamine abuse and dependence are classified separately, under nonmedical use of stimulants.
Source: National Survey on Drug Use and Health, 2002

this threat, during the 2004 growing season, NDIC will conduct a limited-scope pilot project that seeks to estimate the amount of cannabis being cultivated on public lands in California, with the eventual goal of producing an annual scientific estimate of total domestic cannabis cultivation and production.

In addition, over the coming year, Federal, state, and local law enforcement agencies will expand their efforts to target the organizations misusing public lands to grow millions of dollars' worth of marijuana. Law enforcement agencies typically wait to find marijuana plots on public lands until the marijuana is ready for harvest. This year, by contrast, Federal, state, and local law enforcement in key areas will begin efforts much earlier, using the pre-harvest months to train officers and review actionable intelligence. And while much emphasis historically has been placed on eradicating already-cultivated marijuana in the late summer, law enforcement will increase efforts to prevent the planting of marijuana itself, which typically occurs in the spring.

Mexico: Mexico is the largest foreign source of marijuana consumed in the United States, including both the relatively low-THC commercial grade (1–6 percent THC) and more potent sinsemilla varieties (averaging 10–15 percent THC).

The Government of Mexico has maintained an aggressive eradication program to counter marijuana production, with Mexican military and police units eradicating almost 80 percent of the total estimated cultivation—some 36,000 hectares of cannabis—during 2003. While production estimates are not available for 2003, in recent years Mexico has produced roughly 8,000 metric tons of marijuana.

Mexico's marijuana interdiction program seized 2,100 metric tons in 2003, and the United States seized another 863 metric tons along the Southwest border during the first nine months of 2003—meaning that eradication and interdiction removed more than four-fifths of Mexico's marijuana supply stream, leaving approximately 5,000 metric tons of Mexican marijuana for distribution to the U.S. market.

Mexico has devoted more funds to interdiction and has restructured its institutions to increase interdiction capacity to more effectively stop the flow of drugs, including the use of X-ray technology to identify contraband in cars and trucks. In 2004 and 2005, the United States will intensify its support to the Government of Mexico's marijuana control efforts through operational planning and technology assistance, with a goal of eradicating almost all of the crop.

Canada: The United States remains concerned about widespread Canadian cultivation of high-potency marijuana, significant amounts of which are smuggled into the United States. The Royal Canadian Mounted Police, Customs Canada, and other dedicated Canadian law enforcement agencies have worked hard to close down grow houses and to arrest and prosecute their operators. Despite their efforts, the problem remains extremely serious.

Consider the sheer numbers of producers. In 2001, more than 2,000 grow operations were seized throughout the United States. In Canada, the previous year, 2,800 indoor grow operations were seized in British Columbia alone, according to the Royal Canadian Mounted Police. Nor are such grow operations confined to western Canada: one Canadian Government report estimated that there may be "as many as 15,000 grow ops active

in Ontario." The United States is a likely market for a large percentage of the high-potency marijuana produced at such sites. Building on Canadian Government estimates for the number of indoor cultivation sites and their average size, we estimate that Canadian shipments of marijuana to the United States could exceed 1,000 metric tons annually.

Both Canada and the United States face challenges in estimating marijuana production. The United States Government is currently studying ways to improve our estimates for domestic production, but we cannot wait for perfect intelligence before beginning to deal more aggressively with the serious problem of high-potency indoor grows, at home and abroad.

The U.S. Government is committed to working closely with Canadian authorities to address this serious problem. The United States intends to engage in frequent consultations with the new Canadian Government on an array of important drug control issues, including the importance of having and enforcing appropriate criminal penalties for marijuana traffickers, engaging in combined efforts at border interdiction, and attacking organized criminal groups that are directly involved in marijuana production and trafficking.

Afghanistan: Accelerating Anti-drug Efforts

Afghanistan remains the world's largest cultivator of poppy and producer of opiates. If all the poppy grown in Afghanistan in 2003 were converted to heroin, the result would be 337 metric tons (see Figure 14). This compares with about 46 metric tons produced in Burma in 2003. Colombia and Mexico produce less than 20 metric tons combined, more than enough to satisfy annual U.S. consumption of 13 to 18 metric tons. Burma's production largely supplies the Chinese market, whereas Afghanistan's outsized production is directed at Europe and feeds large addicted populations in Iran, Pakistan, Russia, and to a lesser extent, Central Asia.

Poppy cultivation is a major and growing problem for Afghanistan. According to United Nations estimates, illicit poppy cultivation and heroin production generate more than $2 billion of illicit income, a sum equivalent to between one-half and one-third of the nation's legitimate gross domestic product. The drug trade in Afghanistan fosters instability, and supports criminals, terrorists, and militias. Historic high prices now being commanded by opium are inhibiting the normal development of the Afghan economy by sidetracking the labor pool and diminishing the attractiveness of legal farming and economic activities.

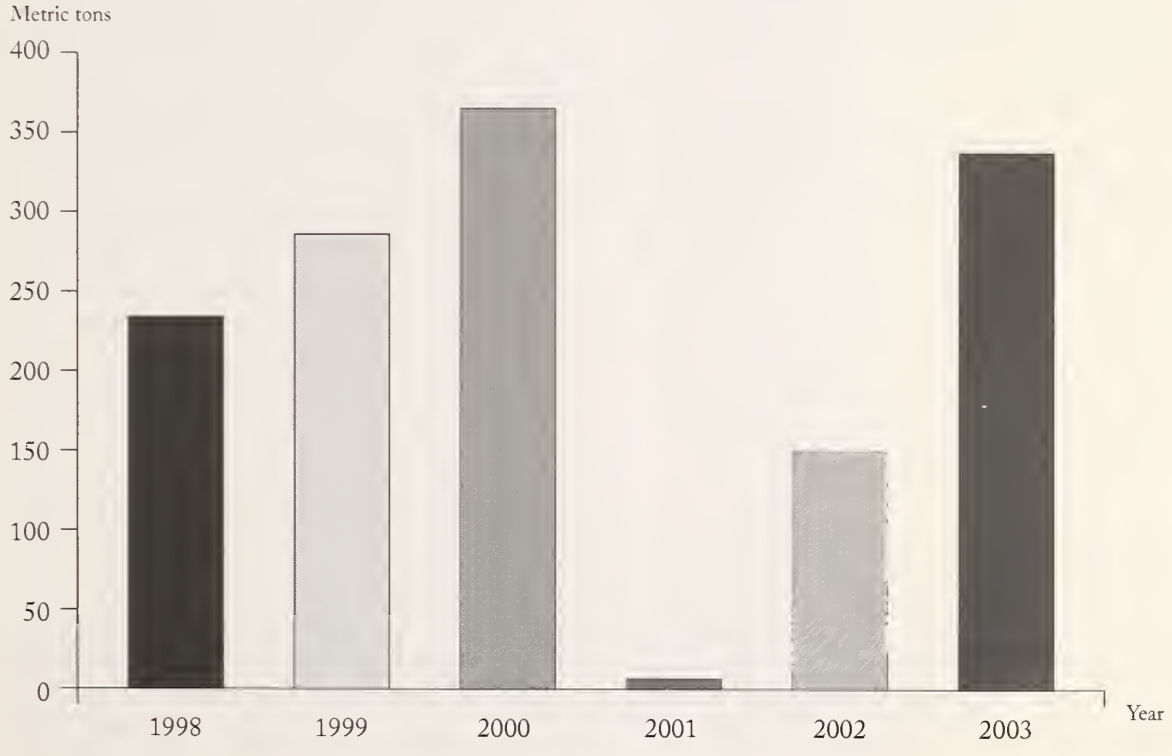
Still, the drug trade does not dominate Afghanistan. Poppy is planted on 1 percent of the arable land, and its cultivation and processing involve roughly 5 percent of the population. A challenging security situation on the ground during the past year has significantly complicated the task of implementing counternarcotics assistance programs and will continue to do so for the immediate future. A more stable environment will facilitate such programs, which have stabilized or reduced cultivation where they have been attempted, as in Nangarhar and Helmand provinces. Almost all of the growth that occurred during 2003 was driven by cultivation that spread to more remote valleys.

We are working closely with the United Kingdom, which is taking the lead in coordinating international counternarcotics assistance to Afghanistan's transitional authority, to implement a strategy that focuses on promoting alternative livelihoods for farmers; strengthening drug law enforcement and interdiction programs; supporting capacity-building for Afghan institutions; and raising public awareness to promote the central government's anti-drug policies and help the country's leaders tackle drug use and production.

In addition, the Afghan Government is planning an aggressive eradication plan that calls for significant efforts to reduce poppy cultivation over the next two years. Eradication efforts will be tied to development of alternative livelihoods where practical, but such programs are less critical in regions where opium poppy is not a historic crop and was grown for the first time during 2003. In addition to the obvious reason, eradication is needed to begin instilling in the minds of the populace that the government is serious about not tolerating opium cultivation—and that by extension there is significant monetary risk in planting opium poppy.

The eradication program will be followed by the first substantial deployment of law enforcement forces in Afghanistan. As part of the current $1.6 billion acceleration initiative for Afghanistan, roughly 20,000 new provincial and border police

Figure 14: Potential Heroin Production in Afghanistan



Sources: Major Narcotics Producing Nations: Cultivation and Production Estimates, 1998–2002, and U.S. Government estimates.

will be trained and deployed this summer. Their law enforcement presence will start spreading the rule of law throughout Afghanistan, further placing the illicit poppy and heroin trade at risk.

A New Focus on Synthetic Drugs

Recent years have seen a significant rise in the use of synthetic drugs, a worldwide trend implicating Europe, China, Thailand, and other countries. In the United States, the synthetic drug market has centered around methamphetamine and Ecstasy. Methamphetamine use has been migrating from the West Coast eastward, leaving devastating social consequences wherever it takes hold. Ecstasy remains a serious concern but appears to have peaked in popularity among American youth.

By their very nature, synthetic drugs present special challenges. Production often takes place in industrialized nations, and because the drugs are made in laboratories and not harvested from fields, there are no crops to eradicate, as with marijuana, heroin, and cocaine. Supply reduction efforts must instead focus on limiting access to precursor chemicals, shutting down illegal labs, and breaking up the organized criminal groups that manufacture and distribute the drugs.

Disrupting the synthetic drug market requires strengthening international and domestic law enforcement mechanisms, with emphasis on flexible and rapid communications at the operational level. We must be as nimble as the traffickers who fuel the market, developing policies and methods that allow us to adapt quickly and seize every opportunity to disrupt the trade, with a particular emphasis on chemical control efforts.

Most of the methamphetamine consumed in the United States is manufactured using diverted pseudoephedrine and ephedrine. This internal production is dispersed among thousands of labs operating throughout the United States, although a relatively small number of "super labs" are responsible for most of the methamphetamine produced.

To counter the threat from methamphetamine, we and our neighbors, Mexico and Canada, must continue to tighten regulatory controls on pseudoephedrine and ephedrine, thousands of tons of which are smuggled illegally into the United States each year. Controls on other precursor chemicals, such as iodine and red phosphorus, are equally important.

In recent years, an inadequate chemical control regime has enabled individuals and firms in Canada to become major suppliers of diverted pseudoephedrine to methamphetamine producers in the United States. The imposition of a regulatory regime last January, combined with U.S.-Canadian law enforcement investigations such as Operation Northern Star, appears for the moment to have reduced the large-scale flow of pseudoephedrine from Canada into the United States. There are signs that some of this reduction has been offset by the diversion from Canada of ephedrine.

Pseudoephedrine diversion from Mexico is also a serious threat to the United States. Once the drug is diverted from legal applications, numerous drug trafficking organizations efficiently smuggle it

across the Southwest border and ship it to major methamphetamine labs in the United States, many of which are managed by Mexican traffickers. During just two months last year, authorities made seizures totaling 22 million pseudoephedrine tablets that were being shipped to Mexico from a single city in Asia. In addition to the pseudoephedrine threat from Mexico, methamphetamine is produced in Mexico for onward shipment to the United States—more than a ton of methamphetamine was seized on the Southwest border last year.

The National Methamphetamine Chemical Initiative targets domestic methamphetamine production by fostering nationwide sharing of information between law enforcement agencies and providing training to investigators and prosecutors. The initiative focuses on stopping the illegal sale and distribution of methamphetamine precursors. It also maintains a national database that tracks clandestine laboratory seizures, providing Federal, state, and local law enforcement with up-to-date information on methamphetamine production methods, trends, and cases.

Roughly two-thirds of the Ecstasy seized worldwide can be traced to the Netherlands. Smugglers use methods such as express mail service, commercial air couriers, and air freight, with shipments to the United States typically containing 10,000 tablets or more. The United States is working closely with the Netherlands to disrupt this trade. Results from bilateral meetings last year include collaboration on more Ecstasy investigations, an exchange of information on Ecstasy seizures, and Dutch development of a risk indicator and profiles for targeting traffickers. More remains to be done, however, to dismantle the criminal organizations responsible for this illicit trade.

Because the chemical industry is highly international, multilateral cooperation in chemical control is critical. DEA has encouraged international consensus for voluntary, informal, flexible, and rapid systems of international information exchange on precursor chemical shipments. For example, under the Multilateral Chemical Reporting Initiative, countries report chemical transactions to the International Narcotics Control Board, a UN-based body that tracks licit and illicit chemicals worldwide.

To target synthetic drugs, DEA has initiated Project "Prism," which involves 38 countries that are major manufacturers, exporters, importers, or transit countries of key chemicals that are illegally diverted to manufacture synthetic drugs. Project Prism helps governments develop and implement operating procedures to more effectively supervise the trade in the precursor chemicals that are diverted to make methamphetamine and similar drugs. DEA is also coordinating an initiative with eleven countries in the Far East to prevent the diversion of Ecstasy precursor chemicals.

National Drug Control Strategy:
APPENDIXES

National Drug Control Budget Summary

Drug Control Funding: Agency Summary, FY 2003–FY 2005 (Budget Authority in Millions)

	FY 2003 Final	FY 2004 Enacted	FY 2005 Request
Department of Defense	$905.9	$908.6	$852.7
Department of Education	644.0	624.5	611.0
Department of Health & Human Services			
National Institute on Drug Abuse	960.9	990.8	1,019.1
Substance Abuse and Mental Health Services Administration	2,354.3	2,488.7	2,637.7
Total HHS	**3,315.2**	**3,479.5**	**3,656.8**
Department of Homeland Security			
Immigration and Customs Enforcement	518.0	538.7	575.8
Customs and Border Protection	873.9	1,070.5	1,121.4
U.S. Coast Guard	648.1	773.7	822.3
Total DHS	**2,040.0**	**2,382.9**	**2,519.4**
Department of Justice			
Bureau of Prisons	43.2	47.7	49.3
Drug Enforcement Administration	1,639.8	1,703.0	1,815.7
Interagency Crime and Drug Enforcement[1]	477.2	550.6	580.6
Office of Justice Programs	269.6	181.3	304.3
Total DOJ	**2,429.8**	**2,482.7**	**2,749.9**
ONDCP			
Operations	26.3	27.8	27.6
High Intensity Drug Trafficking Area Program	226.0	225.0	208.4
Counterdrug Technology Assessment Center	46.5	41.8	40.0
Other Federal Drug Control Programs	221.8	227.6	235.0
Total ONDCP	**520.6**	**522.2**	**511.0**
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs	874.3	914.4	921.6
Department of Veterans Affairs			
Veterans Health Administration	663.7	765.3	822.8
Other Presidential Priorities[2]	3.4	2.2	3.5
Total Federal Drug Budget	**$11,397.0**	**$12,082.3**	**$12,648.6**

[1] Prior to FY 2004, funds for the Interagency Crime and Drug Enforcement programs were appropriated into two accounts, one in the Justice Department and one in the Treasury Department. Beginning in FY 2004 those accounts were consolidated. In this table funding is shown as combined for all three years.

[2] Includes the Small Business Administration's Drug Free Workplace grants and the National Highway Traffic Safety Administration's Drug Impaired Driving program.

Acknowledgments

Consultation

The Office of National Drug Control Policy Reauthorization Act of 1998 requires the ONDCP Director to consult with a variety of experts and officials while developing and implementing the National Drug Control Strategy. Specified consultants include the heads of the National Drug Control Program agencies, Congress, state and local officials, citizens and organizations with expertise in demand and supply reduction, and appropriate representatives of foreign governments. In 2003, ONDCP consulted with both houses of Congress and 15 federal agencies. At the state and local level, 55 Governors were consulted, as well as the National Governors Association, U.S. Conference of Mayors, and National Association of Counties. ONDCP also solicited input from a broad spectrum of nonprofit organizations, community anti-drug coalitions, chambers of commerce, professional associations, research and educational institutions, and religious organizations. The views of the following individuals and organizations were solicited during the development of the National Drug Control Strategy.

Members of the United States Senate

Lamar Alexander – TN
George Allen – VA
Robert F. Bennett – UT
Joseph R. Biden, Jr. – DE
Jeff Bingaman – NM
Christopher S. Bond – MO
Barbara Boxer – CA
Sam Brownback – KS
Robert C. Byrd – WV
Ben Nighthorse Campbell – CO
Saxby Chambliss – GA
Hillary Rodham Clinton – NY
Thad Cochran – MS
Norm Coleman – MN
John Cornyn – TX
Jon S. Corzine – NJ
Larry E. Craig – ID
Mike DeWine – OH
Christopher J. Dodd – CT
Pete V. Domenici – NM
Byron L. Dorgan – ND
Richard J. Durbin – IL
John Edwards – NC
John Ensign – NV
Mike Enzi – WY
Russell D. Feingold – WI
Dianne Feinstein – CA
Bill Frist – TN
Bob Graham – FL
Lindsey O. Graham – SC
Charles E. Grassley – IA
Judd Gregg – NH

Chuck Hagel – NE
Tom Harkin – IA
Orrin G. Hatch – UT
Ernest F. Hollings – SC
Kay Bailey Hutchison – TX
Daniel K. Inouye – HI
James M. Jeffords – VT
Tim Johnson – SD
Edward M. Kennedy – MA
John F. Kerry – MA
Herb Kohl – WI
Mary L. Landrieu – LA
Patrick J. Leahy – VT
Richard G. Lugar – IN
Barbara A. Mikulski – MD
Patty Murray – WA
Bill Nelson – FL
Jack Reed – RI
Harry Reid – NV
John D. Rockefeller IV – WV
Paul S. Sarbanes – MD
Charles E. Schumer – NY
Jeff Sessions – AL
Richard C. Shelby – AL
Arlen Specter – PA
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Department of Health and Human Services
Department of Homeland Security
Department of Justice
Department of State
Department of Transportation
Department of the Treasury
Department of Veterans Affairs
Corporation for National and Community Service
Small Business Administration
Central Intelligence Agency
National Security Agency

Foreign Governments and International Organizations

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Mexico
Peru
Organization of American States
United Nations Office on Drugs and Crime

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Abt Associates
Addiction Research and Treatment Corporation
AFL-CIO
African American Men Project
Albuquerque Partnership
Alcohol and Drug Problems Association of North America
America Cares
American Association for the Treatment of Opioid Dependence
American Bar Association
American Correctional Association
American Education Association
American Enterprise Institute
American Federation of Teachers
American Medical Association
American Psychological Association
American Public Health Association
American Public Human Services Association
American Society of Addiction Medicine
Arizona Department of Education
Arizona Science Center

Auburn University
Boy Scouts of America
Boys & Girls Clubs of America
Brandeis University Institute for Health Policy
The Bridge
Brookhaven National Laboratory
Broward County Commission on Substance Abuse
Brownsville Police Department
Building a Better Bensalem Today
California Institute of Technology
Californians for Drug-Free Youth
Catholic Charities USA
Center for Problem Solving Courts
Center Point
Chesterfield County Police Department
Child Welfare League of America
Children First America
Children's Hospital of Philadelphia
City of Detroit Health Department
Civitan International
Coalition for a Drug-Free Greater Cincinnati
Coalition for a Drug-Free Hawaii
Coalition for Outcome Based Benefits
College on Problems of Drug Dependence
Columbia University
Community Anti-Drug Coalitions of America
Community Behavioral Health
Community Resources for Justice
Concerned Women for America
Congress of National Black Churches
Consulting Services and Research
COPAC
Cornell University
Council of Church Based Health Programs
Council of State Governments
Council on Alcohol and Drugs Houston
D.A.R.E. America
Detroit Empowerment Zone Coalition
Developing Resources for Education in America
Drug and Alcohol Service Providers Organization of Pennsylvania
Drug Free America Foundation
Drug Free Mercer County
Drug Free Noble County
Drug Free Pennsylvania
Employee Assistance Professionals Association
Emory University
Empower America
Evergreen Treatment Services
Federal Law Enforcement Officers Association
Fellowship of Christian Athletes
Fighting Back
Fraternal Order of Police
Genesis Prevention Coalition
Georgia State University Department of Psychology
Girl Scouts of the USA
Grand Forks Youth Team Coalition
Hands Across Culture
Harvard University
Healthy Tomorrows
Heritage Foundation
Hillsborough County Sheriff's Office
Hispanic American Police Command Officers Association
Hoover Institution
Houston Advanced Research Center
Hudson Institute
Human Resources Development Institute
Idaho Supreme Court
Independent Order of Odd Fellows
Institute for Behavior and Health
Institute for a Drug-Free Workplace
Institute for Policy Innovation
Institute for Research, Education, and Training in Addictions

Institute for Social Research
Institute for Youth Development
Institute on Global Drug Policy
International Association of Chiefs of Police
International Association of Lions Clubs
International Brotherhood of Police Officers
International City/County Management Association
Jewish Council for Public Affairs
Johns Hopkins University
Johnson, Bassin, & Shaw
Join Together
Junior Chamber International
Juvenile Assessment Center
Kansas City, Missouri, Police Department
King County Mental Health, Chemical Abuse and Dependency Services Division
Lawrence Livermore National Laboratory
Legal Action Center
Lehigh Valley Hospital ALERT Partnership
Lewin Group
Lucas County Community Prevention Partnership
Madison County Safe and Drug-Free Communities Partnership
Major City Chiefs Association
Mason City Youth Task Force
Massachusetts General Hospital
Massachusetts Institute of Technology
Mayo Clinic
The Metropolitan Drug Commission
Michigan State Police Investigative Services Bureau
Milton & Rose D. Friedman Foundation
Milton S. Eisenhower Foundation
Minneapolis Police Department
Montana State University
Montreal Neurological Institute
Moose International
Mothers Against Drunk Driving
Mount Hood Coalition
Nashville Prevention Partnership
National Alliance for Hispanic Health
National Alliance of State Drug Enforcement Agencies
National Asian Pacific American Families Against Substance Abuse
National Association for Children of Alcoholics
National Association of Alcoholism and Drug Abuse Counselors
National Association of Attorneys General
National Association of Counties
National Association of County Behavioral Health Directors
National Association of Drug Court Professionals
National Association of Elementary School Principals
National Association of Native American Children of Alcoholics
National Association of Police Organizations
National Association of Secondary School Principals
National Association of State Alcohol and Drug Abuse Directors
National Association of Student Assistance Professionals
National Black Child Development Institute
National Center for Public Policy Research
National Center for State Courts
National Center on Addiction and Substance Abuse at Columbia University
National Commission Against Drunk Driving
National Conference of State Legislatures
National Council of Juvenile and Family Court Judges
National Council of La Raza
National Crime Prevention Council
National Criminal Justice Association
National Development and Research Institutes

National District Attorneys Association
National Exchange Club
National Families in Action
National Family Partnership
National Federation of State High School Associations
National Governors Association
National Hispanic Medical Association
National Hispanic Science Network on Drug Abuse
National Indian Youth Leadership Project
National Inhalant Prevention Coalition
National Institute of Neurological Disorders and Stroke
National League of Cities
National Legal Aid & Defender Association
National Library of Medicine
National Lieutenant Governors Association
National Masonic Foundation for Children
National Mental Health Association
National Narcotic Officers' Associations' Coalition
National Opinion Research Center
National Organization of Black Law Enforcement Executives
National Parents and Teachers Association
National Pharmaceutical Council
National Research Council
National School Boards Association
National Sheriffs' Association
National Treatment Consortium
National Troopers Coalition
Naval Research Laboratory
New York State Psychiatric Institute
New York University School of Medicine
Northeast Community Challenge Coalition
Northland Tri-County Coalition
Ohio County Together We Care
Operation PAR
Oregon Health & Science University
Oregon Partnership
Orleans Parish District Attorney's Office
Parents' Resource Institute for Drug Education
Partnership for a Drug-Free America
Peers Are Staying Straight
Phoenix House
Pima County Sheriff's Department
Police Executive Research Forum
Police Foundation
Prairie View Prevention Services
Prevention Think Tank
Prevention Through Service Alliance
Quota International
Regional Medical Center at Lubec
Research Triangle Institute
Rio Arriba Family Care Network
Rio Grande Safe Communities Coalition
Riverside House
Robert Wood Johnson Foundation
Office of the Rockland County District Attorney
Rural Virginia United Coalition
Sacramento Mobilizing Against Substance Abuse
San Diego Prevention Coalition
Santa Barbara Council on Alcoholism and Drug Abuse
Scott Newman Center
Seattle Department of Community and Human Services
Seeds of Change Coalition
South Carolina Law Enforcement Division
Southern Christian Leadership Conference
Stanford University School of Medicine
State University of New York
Substance Abuse Program Administrators Association
Suffolk Coalition to Prevent Alcohol and Drug Dependencies
Support Center for Alcohol and Drug Research and Education

Sussex County Coalition for Healthy and Safe Families
Talbot Partnership
Texas Christian University Institute of Behavior Research
Texas Tech Health Science Center
Therapeutic Communities of America
Torrey Mesa Research Institute
Treatment Alternatives for Safe Communities
Treatment Research Institute
Troy Community Coalition for the Prevention of Drug and Alcohol Abuse
Turning Point
Union of American Hebrew Congregations
Union County Coalition for the Prevention of Substance Abuse
United Methodist Church, Washington Episcopal Area
U.S. Anti Doping Agency
U.S. Conference of Mayors
United Synagogue of Conservative Judaism
University Hospitals of Cleveland
University of Arizona
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